

ASANTE ART AND CULTURE IN THE ADMINISTRATION OF ASANTE
TRADITIONAL MEDICINE IN THE ASHANTI REGION

KNUST

By

Stephen Ababio

(B.Ed Art Education; MPhil African Art and Culture)

A thesis submitted to the Department of Educational Innovations in Science and Technology, Kwame Nkrumah University of Science and Technology, Kumasi in partial fulfilment of the requirement for the award of degree of

DOCTOR OF PHILOSOPHY IN AFRICAN ART AND CULTURE

October, 2020

DECLARATION

I hereby declare that this submission is my own work towards the award and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any other degree or diploma at Kwame Nkrumah University of Science and Technology, Kumasi or any other educational institution, except where due acknowledgement has been made in the thesis.

Stephen Ababio (20473159)

Student Name and ID

.....

Signature

.....

Date

Certified by:

Dr. Eric Appau Asante

Name of Supervisor

.....

Signature

.....

Date

Certified by:

Prof. Steve Kquofi

Name of Second Supervisor

.....

Signature

.....

Date

Certified by:

Dr. Eric Appau Asante

Name of Head of Department

.....

Signature

.....

Date

ABSTRACT

The primary aim of the study was to investigate the role art and culture play in the administration of traditional medicine in the Ashanti Region of Ghana, and to analyse the positive aspects of the medicine so as to help erase the negative perception that exists about it. The primary intention of the study stems from the fact that art and cultural activities that serve as a vehicle for curing diseases have almost been completely overlooked when it comes to the analysis and appreciation of traditional medicine. Even though the arts and cultural elements are interwoven with the medicine, their linkage have not been appreciated by a large number of people to the point of even portraying it as evil or fetish. The qualitative method of collecting and analysing data was utilized. In the selection process, the respondents were first accessed by the help of the chain method. They were then purposively sampled and categorised into four different strata due to their varied characteristics. In all, a sample size of 90 was used for the study. Interviews and observation were the main data collection instruments used. Results showed that, the art and cultural elements are indispensable and have great medical ethos relevant to the medicine. The traditional medication is a doable platform for redeeming people physically, psychologically and spiritually. The medicine will forever be part and parcel of the people of Ashanti Region and for that matter Ghanaian healthcare delivery system, since it is practised in the context of the religion and forms part of the people's culture. In view of this, the government and the stakeholders should give recognition to these diviners and spiritual healers by dedicating special health facilities for them to operate in and providing them with the necessary needs like what they have been providing for the orthodox health centres. Moreover, the Ministry of Health with support from government and the stakeholders should affiliate the traditional numinous centres to the orthodox ones. These two centres should work hand in hand where spiritual cases which cannot be cured by the orthodox centres will be referred to the traditional hospital and vice versa.

ACKNOWLEDGEMENTS

I wish to express my profound gratitude to God almighty for the strength He gave me throughout the study. My deepest appreciation goes to my supervisor Dr. Eric Appau Asante whose patience, brotherly love, encouragement, thoughtful suggestions and criticisms helped me to complete this thesis. My deepest thanks extend far beyond what this thesis permits.

I am also indebted to my second supervisor, Prof. Steve Kquofi for his unflinching assistance and immense contribution to this work. My sincere and heartfelt thanks go to the lecturers of the Department of Educational Innovations of Science and Technology for their ingenious, splendid and unrelentless guidance and constructive suggestions that led to the successful completion of the work.

I am very grateful to my father E.B.K. Ababio (Rev.) and my mother Agnes Durowaa Ababio for their unflinching support. I would also like to express my sincere gratitude to S.B.K. Ababio (Rev), Diana Ababio and Ebenezer Ababio, I highly appreciate their effort, generosity and assistance offered to me in diverse ways in making this thesis a success. I wish to express my profound thanks to all my key informants for their commitment and dedication to this work.



KNUST

TABLE OF CONTENTS

DECLARATION	ii
ABSTRACT.....	iii
ACKNOWLEDGEMENTS	iv
TABLE OF CONTENTS.....	v
LIST OF TABLES	xviii
LIST OF FIGURES	xix
LIST OF PLATES	xxi
CHAPTER ONE	1
GENERAL INTRODUCTION	1
1.1 Overview	1
1.2 Background to the Study	1
1.3 Statement of the Problem.....	4
1.4 Objectives	5
1.5 Research Questions	5
1.6 The Scope of the Study	5
1.7 Limitation.....	6
1.8 Importance of the Study	6
1.9 Definition of Terms	7

1.10 Abbreviations	7
1.11 Organization of the Rest of the Text	7
1.12 Summary of the Chapter	8
CHAPTER TWO	9
LITERATURE REVIEW	9
2.1 Overview	9
2.2 The Concept of Culture	10
2.3 The Concept of Traditional Medicine	12
2.3.1 Traditional Medicine Administration	15
2.3.2 Classification of Traditional Medical Practice	16
2.3.3 The Role and Efficacy of Traditional Medicine	18
2.3.4 Cultural Beliefs Associated with Traditional Medicine	20
2.3.5 Rituals in Relation to Traditional Medicine	23
2.3.6 Incantations Relating to Traditional Medication	25
2.3.7 Taboos Accompanying Traditional Medicine	27
2.3.8 Philosophy of Traditional Medicine.....	28
2.4 The Concept of Art	29
2.5 Art and Traditional Medicine	30
2.5.1 Visual/Environmental Art in Traditional Medication	31
2.5.2. Body Art	32
2.5.3 Performing Art Associated with Traditional Medication	33
2.5.3.1 Music as a Traditional Medication	33
2.5.4 Verbal Art Relating to Traditional Medication.....	34
2.6 Theories of Traditional Medicine Administration	35
2.7 Humoral Theory of Medicine	37
2.8 Disease Theory	37
2.9 Theories of Art in Relation to Traditional Medicine	38
2.10 Deprivation Theory	39
2.11 The Performance Theory	40
2.12 Cultural Performance Theory.....	41
2.12 The Philosophical Paradigm Underpinning the Research	42
2.13 Theoretical Framework for the Study	43
2.14 Conceptual Framework	45
2.15 Summary of the Chapter	47

CHAPTER THREE	48
APPROACH AND METHODOLOGY	48
3.1 Overview	48
3.2 Research Design	48
3.2.1 Validation of Research Design	49
3.3 Research Methods	49
3.3.1 Descriptive Study	50
3.3.1.1 Validation of the Descriptive Study Approach	50
3.3.2 Case Study	50
3.3.2.1 Validation of the Case Study Approach	51
3.3.3 Phenomenological Study	51
3.3.3.1 Validation of the Phenomenological Study	52
3.4 Library Research	52
3.5 Population for the Study	52
3.5.1 Target Population	53
3.5.2 Accessible Population	53
3.5.3 Sampling Technique and Sample Description	53
3.5.4 Snowball Sampling	54
3.5.4.1 Validation of the Snowball Sampling Technique	55
3.5.5 Purposive Sampling	55
3.5.5.1 Validation of the Purposive Sampling Technique	56
3.5.6 Quota Sampling	57
3.5.6.1 Validation of Quota Sampling	57
3.6 Research Instruments.....	57
3.6.1 Observation	58
3.6.1.1 Validation of the Research Instrument (Participant as Observer and Observer as Participant Observation)	58
3.6.1.2 Administration of Research Instrument (Observation)	59
3.6.2 Interviews	59
3.6.2.1 Validation of the Research Instrument (Interview)	60
3.6.3 Administration of Research Instrument (Interview)	61
3.7 Ethical Considerations	62
3.8 Data Collection Procedures	62
3.9 Duration of Data Collection	63

3.10 How the Data were Secured	63
3.11 Location of the Data for the Study	63
3.12 Admissibility of Data.....	63
3.13 Validation of Data	64
3.14 Types of Data	65
3.15 Primary Data	65
3.15.1 Secondary Data	65
3.15 Data Analysis	66
3.16 Summary of the Chapter	67
CHAPTER FOUR	68
RESULTS AND DISCUSSION	68
4.1. Overview	68
4.2 Results and Discussions on Objective One of the Study: Identification of selected Asante Traditional Medical Centres in the Ashanti Region and Description of their Medical Practices.	68
4.2.1 KuneGyendu/Bongari Shrine	69
4.2.1.1 Identification of KuneGyendu/Bongari Shrine	69
4.2.2 The Medical Practices of KuneGyendu/Bongari Shrine	72
4.2.2.1 Pre-Diagnostic Ceremonies at KuneGyendu/Bongari Shrine	72
4.2.2.2 Ways of Diagnosing Ailments in KuneGyendu/Bongari Shrine	73
4.2.2.2.1 Diagnosing by the use of money at KuneGyendu/Bongari shrine	74
4.2.2.2.2 Diagnosing by Carrying the Image (shrine) of the Deity in KuneGyendu / Bongari Shrine	75
4.2.2.2.3 Casting of Cowries at KuneGyendu / Bongari Shrine	76
4.2.2.2.4 Diagnosing through Trance at KuneGyendu / Bongari Shrine	77
4.2.2.2.5 Diagnosing by Looking into the Client's Face at KuneGyendu / Bongari Shrine	78
4.2.2.2.6 Diagnosing through Dreams at KuneGyendu / Bongari Shrine	78
4.2.2.3 Pre-Healing Activities at KuneGyendu/Bongari Shrine	79
4.2.2.4. Methods of Healing at KuneGyendu / Bongari Shrine	81
4.2.2.4.1 Magical Healing at KuneGyendu / Bongari Shrine	81
4.2.2.4.2 Healing by Appeasing the Gods, Ancestors and other Spirits at KuneGyendu / Bongari shrine	82
4.2.2.4.3 Sacrifice and Ritual Treatment at KuneGyendu/Bongari Shrine	84
4.2.2.5 Post Healing Ritual at KuneGyendu/Bongari Shrine	85

4.2.2.6 Protective Rites in KuneGyendu / Bongari Shrine	86
4.2.2 Asuo Abereasua Shrine	88
4.2.2.1 Identification of Asuo Abereasua Shrine	88
4.2.2.2 The Medical Practices of Asuo Abresua Shrine.....	90
4.2.2.2.1 Pre-Diagnosing in Asuo Abereasua Shrine	90
4.2.2.2.2 Modes of Diagnosing Ailments at Asuo Abereasua Shrine	92
4.2.2.2.2.1 Diagnosing with a Special Leaf at Asuo Abereasua Shrine	93
4.2.2.2.2.2 Diagnosing by the use of a Talisman at Asuo Abereasua Shrine	93
4.2.2.2.2.3 Staring at the Patient to Diagnose Ailment at Asuo Abereasua Shrine	95
4.2.2.2.2.4 Casting of Cowries at Asuo Abereasua Shrine to Diagnose Ailments	95
4.2.2.2.2.5 Diagnosing through Spiritual Possession (Trance) at Asuo Abereasua Shrine	96
4.2.2.2.3 Pre-Healing at Asuo Abresua Shrine	97
4.2.2.2.3 Ways of Healing at Asuo Abereasua Shrine	98
4.2.2.2.5 Post-Healing at Asuo Abresua Shrine	101
4.2.2.2.6 Protective Rites in Asuo Abereasua Shrine	101
4.2.3 Bokankye Akua Gyabon Shrine.....	103
4.2.3.1 Identification of Bokankye Akua Gyabon Shrine	103
4.2.3.2 The Medical Practices of Bokankye Akua Gyabon Shrine	106
4.2.3.2.1 Pre-Diagnosing of Ailments at Bokankye Akua Gyabon Shrine	106
4.2.3.2.2 Methods of Diagnosing Diseases in Bokankye Akua Gyabon shrine ...	107
4.2.3.2.2.1 Diagnosing by Stirring a Pot of water at Bokankye Akua Gyabon shrine	107
4.2.3.2.2.2 Diagnosing with Eggs at Bokankye Akua Gyabon shrine	109
4.2.3.2.2.3 Mirror Gazing (Scrying) at Bokankye Akua Gyabon shrine	110
4.2.3.2.2.4 Diagnosing through Dream and Vision at Bokankye Akua Gyabon shrine	110
4.2.3.2.2.5 Gazing at the Patient at Bokankye Akua Gyabon shrine	111
4.2.3.2.2.6 Deity Possession at Bokankye Akua Gyabon shrine	112
4.2.3.2.3 Pre-Healing at Bokankye Akua Gyabon Shrine	113
4.2.3.2.4 Methods of Healing in Bokankye Akua Gyabon Shrine	113

4.2.3.2.5 Post-Healing at Bokankye Akua Gyabon Shrine	114
4.2.3.2.6 Protective Rites in Bokankye Akua Gyabon Shrine	115
4.2.4 Apomasu Kwao Shrine	115
4.2.4.1 Identification of Apomasu Kwao Shrine	115
4.2.4.2 The Medical Practices of Apomasu Kwao Shrine	118
4.2.4.2.1 Pre-Diagnosing at Apomasu Kwao Shrine	118
4.2.4.2.2 Methods of Diagnosing Diseases in Apomasu Kwao Shrine.....	119
4.2.4.2.3 Pre-Healing at Apomasu Kwao Shrine	120
4.2.4.2.4. Various Means of Healing at Apomasu Kwao Shrine	121
4.2.4.2.5 Post-healing at Apomasu Kwao	123
4.2.4.2.6 Protective Rites in Apomasu Kwao Shrine	123
4.2.5 Mallam Abudu Herbal and Spiritual Centre	124
4.2.5.1 Identification of Mallam Abudu Herbal and Spiritual Centre	124
4.2.5.2 The Medical Practices of Mallam Abudu Herbal and Spiritual Centre	126
4.2.5.2.1 Pre-Diagnosing in Mallam Abudu Herbal and Spiritual Centre	126
4.2.5.2.2 Ways of Diagnosing Diseases at Mallam Abudu Herbal and Spiritual Centre	127
4.2.5.2.3 Pre-Healing at Mallam Abudu Spiritual and Herbal Centre	129
4.2.5.2.4 Methods of Healing at Mallam Abudu Spiritual and Herbal Centre	129
4.2.5.2.5 Post Healing at Mallam Abudu Herbal Centre.....	133
4.2.5.2.6 Protective Rites in Malam Abudu Herbal and Spiritual Centre	133
4.2.6 Dr. Abban's Traditional Herbal Centre	133
4.2.6.1 Identification of Dr. Abban's Traditional Herbal Centre	133
4.2.6.2 The Medical Practices of Abban Traditional Herbal Centre	134
4.2.6.2.1 Pre-Diagnosing in Abban Traditional Herbal Centre	134
4.2.6.2.2 Modes of Diagnosing Diseases at Abban Traditional Herbal Centre	135
4.2.6.2.3 Pre-Healing at Abban Traditional Herbal Centre	136
4.2.6.2.4 Modes of Healing at Dr. Abban Traditional Herbal Centre	137
4.2.6.2.5 Post healing at Abban Traditional Herbal Centre.....	137
4.2.6.2.6 Protective Rites at Abban Traditional Herbal Centre	137
4.2.7 General Methods of Applying Medicine at the Medical Centres	138
4.3 Results and Discussions on Objective Two of the Study: The Asante Art and Cultural Elements that Feature in the Administration of Asante Traditional Medicine in the Ashanti Region.	138

4.3.1 The Arts that Feature in the Administration of the Medicine	139
4.3.1.1 Visual Arts	139
4.3.1.1.1 Visual Art Forms that Feature in the Medicine at KuneGyendu /Bongari shrine	140
4.3.1.1.1.1 Spiritual Bucket	140
4.3.1.1.1.2 Knives and Cutlasses	141
4.3.1.1.1.3 Animal hide and leather ottoman.....	142
4.3.1.1.1.4 Nnaa (Bell)	143
4.3.1.1.1.5 Calabash	144
4.3.1.1.1.6 Brass bowl	145
4.3.1.1.1.7 Stool	146
4.3.1.1.1.8 Costume	146
4.3.1.1.1.8.1 Fugu (smock)	147
4.3.1.1.1.8.2 Necklaces (charms)	147
4.3.1.1.1.8.3 Leather bags	149
4.3.1.1.1.9 Sculpted shrines in KuneGyendu/Bongari shrine	149
4.3.1.1.1.10 Vessel for storing water for spiritual purification	152
4.3.1.1.1.11 Altar	153
4.3.1.1.1.12 Statue of Bongari (a deity)	154
4.3.1.1.1.13 Fly Whisk	155
4.3.1.1.1.14 Spear	155
4.3.1.1.1.15 Umbrella	156
4.3.1.1.1.16 Sword	157
4.3.1.1.1.17 Artistic Arrangement of Animal Jaws	158
4.3.1.1.1.18 Mini Sculpture (doll).....	158
4.3.1.1.1.19 Protective Artefact	159
4.3.1.1.1.20 Posters	160
4.3.1.1.1.21 Musical Instruments	160
4.3.1.1.2 Visual Art forms that feature in the Administration of traditional medicine at Asuo Abresua Shrine	161
4.3.1.1.2.1 Nsumaama	161
4.3.1.1.2.1.1 Arms and Knees Ornaments (Nsumaama)	162
4.3.1.1.2.1.2 Nsumaama (Necklace)	162
4.3.1.1.2.2 Yentumi	163

4.3.1.1.2.3 Raffia Fibre (<i>doso</i>)	164
4.3.1.1.2.4 Smock (<i>fugu</i>)	165
4.3.1.1.2.5 Socks and Shoes	166
4.3.1.1.2.6 Charms (<i>Nkyekyree</i>)	166
4.3.1.1.2.7 <i>Ko Ntem bra Ntem</i> (go fast and return fast)	167
4.3.1.1.2.8 <i>Kramo Dua</i> (club)	168
4.3.1.1.2.9 Talisman and Amulet at Asuo Abresua shrine	169
4.3.1.1.2.10 Protective Artefacts	169
4.3.1.1.2.11 Spear	170
4.3.1.1.2.12 Gun	171
4.3.1.1.2.13 Toy Snake	172
4.3.1.1.2.14 <i>Nnaa</i>	172
4.3.1.1.2.15 <i>Asipim</i> (chair)	173
4.3.1.1.2.16 Stool	174
4.3.1.1.2.17 Mat	175
4.3.1.1.2.18 Sword (<i>Afiena</i>)	175
4.3.1.1.2.19 Pots	176
4.3.1.1.2.20 Calabash	176
4.3.1.1.2.21 Drums.....	177
4.3.1.1.2.22 The images (shrines) of the Gods (<i>Abosom</i>) in Asuo Abresua Shrine	177
4.3.1.1.2.22.1 Images of Security gods	178
4.3.1.1.2.23 Fly Whisk	181
4.3.1.1.2.24 Photographs	182
4.3.1.1.3 Visual Artefacts used in the Administration of Traditional Medicine at Bokankye Akua Gyabon Shrine	182
4.3.1.1.3.1 <i>Nsumaama</i>	183
4.3.1.1.3.2 Hat	185
4.3.1.1.3.3 Raffia fibre (<i>doso</i>).....	185
4.3.1.1.3.4 Smock	186
4.3.1.1.3.5 Stool	186
4.3.1.1.3.6 <i>Asipim</i> Chair	187
4.3.1.1.3.7 Protective Artefact	187
4.3.1.1.3.8 <i>Tasbil</i> (Rosary)	189

4.3.1.1.3.9 Whistle	189
4.3.1.1.3.11 Charms	190
4.3.1.1.3.12 Mirror	192
4.3.1.1.3.13 Pot	192
4.3.1.1.3.14 Dipper.....	192
4.3.1.1.3.15 Charm	193
4.3.1.1.3.16 Sculpture Piece	194
4.3.1.1.3.17 White calico cloth	194
4.3.1.1.3.18 Sword (Afena)	195
4.3.1.1.3.19 Nnaa	195
4.3.1.1.3.20 Fly Whisk	195
4.3.1.1.3.21 Drums	196
4.3.1.1.3.22 Poster	196
4.3.1.1.3.23 Mat	197
4.3.1.1.4 Visual Art Forms that feature in the administration of traditional medicine in Apomasu Kwao Shrine	198
4.3.1.1.4.1 Images of Deities in the Apomasu Kwao Shrine.....	198
4.3.1.1.4.2 Mini Scuptures.....	200
4.3.1.1.4.3 Raffia fibre	200
4.3.1.1.4.4 Mirror	201
4.3.1.1.4.5 Candle Stand.....	201
4.3.1.1.4.6 Ablution Pot (Buta)	202
4.3.1.1.4.7 Silver bowl	202
4.3.1.1.4.8 Spear	202
4.3.1.1.5 Visual Artefacts used in the Administration of Traditional Medicine at Mallam Abudu Herbal and Spiritual Centre	203
4.3.1.1.5.1 Pot for Storing Medicine	203
4.3.1.1.5.2 Gourd	204
4.3.1.1.5.3 Magical Horn	205
4.3.1.1.5.4 Fan and Horn	206
4.3.1.1.5.5 A Phallus	207
4.3.1.1.5.6 Spiritual, Protection Artefacts	208
4.3.1.1.5.7 Spiritual bottle	209
4.3.1.1.5.8 Incense Burner	209
4.3.1.1.5.9 Woven Tray	210

4.3.1.1.5.10 Magical Mirror	210
4.3.1.1.5.11 Charms	211
4.3.1.1.5.12 Padlocks	212
4.3.1.1.6 Visual Art forms used in the Administration of Traditional Medicine in Dr. Abban Traditional Herbal Centre	212
4.3.1.1.6.1 Mortar and Pestle	212
4.3.1.1.6.2 Bath	213
4.3.1.1.6.3 Diagnostic Artefact	214
4.3.1.1.6.4 Cooking Pots	214
4.3.1.1.6.5 Plastic containers	214
4.3.1.1.6.6 Wooden Numbered tablets	215
4.3.1.1.7 Visual Art Forms from other Shrines visited by the Researcher	215
4.3.1.1.7.1 Visual Art forms used in the Administration of the Medicine at Subri shrine	215
4.3.1.1.7.2 Visual Artefacts used in the Administration of Traditional Medicine at Asuhyiae Tano Shrine	216
4.3.1.1.7.2.1 Umbrella	216
4.3.1.1.7.2.2 Pot	217
4.3.1.1.7.2.3 Brass bowl.....	218
4.3.1.1.7.2.4 Carved Wooden Stand	218
4.3.1.1.7.2.5 Piece of Kente Cloth (Sash)	219
4.3.1.1.7.2.6 The Deity's Chair	219
4.3.1.1.7.2.7 Poster	220
4.3.1.2 Body Arts in Administering the Medicine	221
4.3.1.2.1 Charms on the Body	221
4.3.1.2.2 Body Painting	222
4.3.1.2.3 Incision	223
4.3.1.2.4 Costume	223
4.3.1.2.5 Hairstyle	224
4.3.1.3 Performing Arts that Feature in the Medicine.....	224
4.3.1.3.1 Music	225
4.3.1.3.1.1 Songs in Administering Medicine at KuneGyendu/Bongari Shrine	226
4.3.1.3.1.2 Songs in Administering the Medicine at Asuo Abresua Shrine	227
4.3.1.3.1.3 Songs that feature in administering the medicine at Bokankye Akua	

Gyabon Shrine	229
4.3.1.3.1.4 Songs in Administering Medicine in Apomasu Kwao Shrine	229
4.3.1.3.2 Drama in the Administration of Traditional Medicine in the Ashanti Region	230
4.3.1.3.3 Dance in the Adminstration of Traditional Medicine	236
4.3.1.3.3.1 Trance Dance	236
4.3.1.3.4 Verbal Art in the Traditional Medicine Administration	238
4.3.1.3.4.1 Poetic and Artistic Prayers	239
4.3.1.3.4.2 Verbal Art in Harvesting Medicinal Plants	242
4.3.1.3.4.3 Proverbs as Verbal Art in the Administration of the Medicine	243
4.3.1.3.4.4 Myths and Legends	245
4.3.2 Cultural Aspects of Administering Asante Traditional Medicine in the Asahanti Region	246
4.3.2.1 Cosmological Beliefs and traditional medication	246
4.3.2.2 Religion and Traditional Medicine Administration	248
4.3.2.3 Politics in the Administration of the Medicine	251
4.3.2.4 Moral Values that feature in the Medicine	253
4.3.2.4.1 Taboos in the Medicine	256
4.3.2.4.2 Sex in the bush	256
4.3.2.4.3 Menstruation.....	256
4.3.2.4.4 Adultery	257
4.3.2.4.5 Incest	257
4.3.2.4.6 Food Taboos	258
4.3.2.5 The Economic aspects of the Medicine	258
4.3.2.6 The Social Aspect of the Medicine	260
4.3.2.7 Language in the Medicine	262
4.4 Results and Discussions on Objective Three of the Study: Analysis of the Positive Aspect of Asante Traditional Medicine so as to Help Erase the Negative Perceptions that Exist about it.....	262
4.4.1 Potency of Traditional Medicine	265
4.4.2 Traditional Medications are Affordable	267
4.4.3 Effective in Identifying Ailment	267
4.4.4 Exhibiting the Culture of the Society	268
4.4.5 Socio-Economic Development	270
4.4.6 Ailments with no Pharmaceutical cure	271

4.4.7 Asante Traditional Medicine and Environmental Sustainability	271
4.4.8 It Brings about Good Morals	272
4.4.8.1 It Exhibits Hospitality	273
4.4.9 Minimal Pathogenic Resistance to Traditional Medicines	273
4.4.10 Minimal Side Effect	274
4.5 Erasing Negative Perceptions	275
4.6 Summary of the Chapter	276
CHAPTER FIVE	277
GENERAL DISCUSSION	277
5.1 Overview	277
5.2 Objective One of the Study	277
5.2.1 Medical Practices of the Selected Centres in Ashanti Region	277
5.2.1.1 Discussions on Pre-diagnostic Activities	277
5.2.1.2 Diagnosis in Traditional Medicine Administration	278
5.2.1.2.1 Spiritual Diagnoses in Traditional Medication	279
5.2.1.2.2 Physical Diagnosis	280
5.2.1.3 Healing in the Administration of the Medicine	281
5.2.1.3.1 Spiritual Healing	282
5.2.1.3.2 Physical Healing	283
5.2.1.4 General Methods of Applying the Medicine in the Study Areas	283
5.2.1.4.1 Bathing	284
5.2.1.4.2 Incision	285
5.2.1.4.3 Enemas	285
5.2.1.4.4 Massaging	286
5.2.1.4.5 Rubbing	286
5.2.1.4.6 Fumigating with medicine	286
5.2.1.4.7 Sniffing	287
5.2.1.4.8 Swallowing	287
5.2.1.4.9 Punu (Steam bath)	287
5.2.1.5 Protective Rites in Traditional Medicine Administration	287
5.3 Objective Two of the Study	288
5.3.1 Discussions on Visual Arts that Feature in the Traditional Medicine Administration System	288
5.3.1.1 Plastic Arts	288
5.3.1.2 Temple (Bosomdan, Sumandan, Asoneyeso)	288

5.3.1.3 Sculpted images (shrines) of the Deities.....	289
5.3.1.4 Pottery Wares	290
5.3.1.5 Wooden Products	291
5.3.1.6 Metal Wares	292
5.3.1.2 Graphic Arts	293
5.3.2 Performing Arts that feature in the Medicine	293
5.3.2.1 Music	293
5.3.2.2 Drama in the Administration of the Medicine	294
5.3.2.3 Verbal Art in Administering the Medicine	294
5.3.3 The Medicine as part of Asante Culture	296
5.4 Foreign Cultural Elements in Asante Traditional Medicine	297
5.5 Objective Three of the Study	297
5.6 Summary of the Main Findings that Contribute to Knowledge	298
5.6 Summary of the Chapter	299
CHAPTER SIX	301
CONCLUSIONS AND RECOMMENDATIONS	301
6.1 Overview	301
6.2 Conclusions	301
6.3 Recommendations	302
6.3.1 Recommendations on the traditional medical centres in the Ashanti Region and their medical practices	303
6.3.2 Recommendations on the Art and Cultural Elements that Feature in the Administration processes.....	303
6.3.3 Recommendations on the Positive Aspects of the Medicine	304
6.4 Areas for Further Research	304
6.5 Summary of the Chapter	304
REFERENCES	305
APPENDICES	337

LIST OF TABLES

Table 1: The numbers and percentages of respondents who claim to have witnessed diagnoses performed with the aid of leaves.	93
--	----

KNUST



LIST OF FIGURES

Fig. 1 Conceptual Framework for Traditional Medicine Administration	46
Fig. 2: Sampling Design	54
Figure 3: Framework for Identifying the Medical Centres	69

KNUST



KNUST



LIST OF PLATES

Plate 1: Nana Akwasi Asare the priest of KuneGyendu/Bongari shrine.....	71
Plate 2a and 2b: Sections of KuneGyendu/Bongari shrine	71
Plate 3a & 3b: Food presented to deities at KuneGyendu/Bongari Shrine	73
Plate 5: Collecting blood with calabash at KuneGyendu/Bongari shrine	83
Plate 4: Blood dropping on the shrine of the deity at KuneGyendu/Bongari shrine	83
Plate 4: Spilling blood on the shrine at KuneGyendu/Bongari shrine	84
Plate 7: Presenting meat to the deity at KuneGyendu/Bongari shrine	84
Plate 8: The head of a fowl presented to a deity	85
Plate 9: Okomfo Akosua Adutwumwaa of Asuo Abereasua Shrine	90
Plate 10a: the Compound of Asuo Abresua shrine	90
Plate 10b: Consulting room	90
Plate 11: Banana presented to the deities at Asuo Abresua Shrine.....	92
Plate 12: Okomfo Adutumwaa in the costume of Asuo Abresua	92
Plate 13: Okomfo Adutumwaa in the costume of Kramo Seidu.....	92
Plate 14: Okomfo Fati Haruna of Bokankye Akua Gyabon Shrine	105
Plates 16a & 16b: Costume worn by Okomfo Fati Haruna before operating at Bokankye Akua Gyabon shrine	107
Plate 17: Okomfo Kofi Fofie of Apomasu Kwao Shrine	117
Plate 18a: The temples of the three gods at Apomasu Kwao Shrine	117
Plate 18b: The inner part of Asuo's sanctuary at Apomasu Kwao Shrine	117
Plate 19: Mallam Abudu of Mallam Abudu Herbal and Spiritual Centre	126
Plate 20a & 20b: The interior part of Mallam Abudu Herbal and Spiritual Centre.....	126
Plate 21a to 21d: Mallam Abudu transferring a client's headache to a wall	130
Plate 22: Sacrificed items deposited at a T-junction	131
Plate 23: The structure of Dr. Abban Herbal Centre	134
Plate 24: Medicinal plants around the centre	134
Plate 25: A bucket for storing concoction at KuneGyendu/Bongari shrine	141
Plate 26: Cutlasses for protecting patients and other clients who seek spiritual help at KuneGyendu/Bongari shrine	142
Plate 27: The animal hide and an ottoman used in diagnosing and treating ailments at KuneGyendu/Bongari shrine	142
Plate 28: <i>Nnaa</i> (bell) at KuneGyendu/Bongari shrine	143
Plate 29a: A calabash for storing and collecting medicine.....	144

Plate 29b: Calabash for drinking blood during sacrifices at KuneGyendu/Bongari shrine	144
Plate 30: A brass bowl (Yaawa) for housing the shrine of a deity at KuneGyendu/Bongari shrine	145
Plate 31b: A shrine of a deity placed on a stool at KuneGyendu/Bongari shrine.....	146
Plate 31a: A stool used in Traditional medicine administration	146
Plate 32a & 32b: Fugu (Smock) of KuneGyendu/Bongari shrine	147
Plate 33: Necklaces of KuneGyendu/Bongari shrine	148
Plate 34: Armlet of KuneGyendu/Bongari shrine	148
Plate 35: Leather bag at KuneGyendu/Bongari shrine	149
Plate 36: Image of Gyendu at KuneGyendu/Bongari shrine	150
Plate 37: A security shrine at KuneGyendu/Bongari shrine	151
Plate 38a: Image of Bongari and his siblings	152
Plate 38b: The statue of Bongari	152
Plate 39: Vessel for storing water for spiritual purification at KuneGyendu/Bongari shrine	153
Plate 40: An altar for sacrifices at KuneGyendu/Bongari shrine	154
Plate 41: Bongari's statue at KuneGyendu/Bongari shrine	154
Plate 42: A fly whisk at KuneGyendu/Bongari shrine.....	155
Plate 43: A spear at KuneGyendu/Bongari shrine	156
Plate 44: An umbrella at KuneGyendu/Bongari shrine	157
Plate 45: Sword at KuneGyendu/Bongari shrine	157
Plate 46: Artistic arrangement of animal jaws at KuneGyendu/Bongari shrine	158
Plate 47: Mini sculpture at KuneGyendu/Bongari shrine	159
Plate 48: A protective artefact at KuneGyendu/Bongari shrine	159
Plate 49: A notice at KuneGyendu/Bongari shrine	160
Plate 50 to 52: Musical instruments at KuneGyendu/Bongari shrine	161
Plate 53a: Nsumaama for the arm at Asuo Abresua shrine	162
Plate 53b: Nsumaama for the knee at Asuo Abresua shrine.....	162
Plate 54: Nsumaama (necklace) at Asuo Abresua shrine	163
Plate 55a & Plate 55b: <i>Yentumi</i> at Asuo Abresua shrine	164
Plate 56: A raffia fibre (<i>dɔsɔ</i>) at Asuo Abresua shrine	165
Plate 57: A smock (fugu) at Asuo Abresua shrine	165
Plate 58: Socks at Asuo Abresua shrine	166
Plate 59a to 59c: Charms (<i>Nkyekyree</i>) at Asuo Abresua shrine	167

Plate 60: <i>Ko Ntem bra Ntem</i> statutte at Asuo Abresua shrine	168
Plate 61: Kramo dua at Asuo Abresua shrine	168
Plates 62a & 62b: Protective Artefacts at Asuo Abresua shrine.....	170
Plate 63: A spear at Asuo Abresua shrine	171
Plate 64: A gun at Asuo Abresua shrine.....	171
Plate 65: A toy sknake at Asuo Abresua shrine	172
Plate 66: Nnaa of Asuo Abresua shrine.....	173
Plate 67: An <i>asipim</i> chair at Asuo Abresua shrine	173
Plate 68: A stool at Asuo Abresua shrine	174
Plate 69: A carpet at Asuo Abresua shrine	175
Plate 70: Sword at Asuo Abresua shrine	175
Plate 71: Pots at Asuo Abresua shrine	176
Plate 72: A calabash for storing powder at Asuo Abresua shrine.....	176
Plate 73a: Mreketε	177
Plate 73d: Pentin	177
Plate 73c: Mpentema	177
Plate 74a & 74b: Shrines of Security deities at Asuo Abresua centre	178
Plate 75a & 75b: Image of deities at Asuo Abresua shrine	179
Plate 76a & 76b: Shrines at Asuo Abresua shrine	180
Plate 77a to 77d: Images (shrines) of gods in Asuo Abresua shrine.....	181
Plate 78: Fly Whisk at Asuo Abresua shrine	182
Plate 79: <i>Nsumaama</i> (worn as necklace) at Bokankye Akua Gyabon Shrine	183
Plate 80: <i>Nsumaama</i> (worn as armlet) and sash studded with cowry shells at Bokankye Akua Gyabon shrine	184
Plate 81: A Necklace at Bokankye Akua Gyabon Shrine	184
Plate 82: A hat at Bokankye Akua Gyabon Shrine	185
Plate 83: Raffia fibre at Bokankye Akua Gyabon Shrine	185
Plate 84: Smock at Bokankye Akua Gyabon shrine	186
Plate 85: A Stool at Bokankye Akua Gyabon Shrine	186
Plate 86: Asipim chair at Bokankye Akua Gyabon Shrine	187
Plate 87: A protective artifact at Bokankye Akua Gyabon Shrine	188
Plate 88: A protective tool at Bokankye Akua Gyabon Shrine	188
Plate 89: Tasbil at Bokankye Akua Gyabon Shrine	189
Plate 90: A whistle at Bokankye Akua Gyabon Shrine	189
Plate 91: Image of Aslam (a deity) at Bokankye Akua Gyabon Shrine	190

Plate 92a to Plate 92c Charms	191
Plate 93: Charm at Bokankye Akua Gyabon Shrine	191
Plate 94: Dipper at Bokankye Akua Gyabon Shrine	193
Plate 95: The sitting posture of the priestess at Bokankye Akua Gyabon Shrine	193
Plate 96: A charm at Bokankye Akua Gyabon Shrine	193
Plate 97: Sculpted figure at Bokankye Akua Gyabon Shrine	194
Plate 98: The use of white calico cloth at Bokankye Akua Gyabon Shrine	194
Plate 99: Nnaa at Bokankye Akua Gyabon Shrine	195
Plate 100: A whisk at Bokankye Akua Gyabon Shrine	196
Plate 101: Drums at Bokankye Akua Gyabon shrine.....	196
Plate 102: Notices at Bokankye Akua Gyabon Shrine	197
Plate 103: A mat at Bokankye Akua Gyabon Shrine	197
Plate 104b: The shrine of Atia at Apomasu Kwao shrine	199
Plate 104a: The shrine of Asuo	199
Plate 105a & 105b: Shrines of deities at Apomasu Kwao shrine	199
Plate 106a and 106b: Shrines of deities at Apomasu Kwao shrine.....	200
Plate 107: A raffia fibre at Apomasu Kwao shrine	200
Plate 108: A candle stand at Apomasu Kwao shrine	201
Plate 109: Ablution Pot at Apomasu Kwao shrine	202
Plate 110: A silver bowl for serving deities at Apomasu Kwao shrine	202
Plate 111: A spear at Apomasu Kwao shrine	203
Plate 112a & 112b: Pot for storing medicine at Mallam Abudu Herbal Centre	204
Plate 113a & 113b: Gourds for storing medicine at Mallam Abudu Herbal Centre.....	205
Plate 114: Magical horn for protection at Mallam Abudu Herbal and Spiritual Centre	206
Plate 115a & 115b: Fan and horn for diagnoses at Mallam Abudu Herbal and Spiritual Centre	207
Plate 116: A phallus at Mallam Abudu Herbal and Spiritual Centre	208
Plate 117a to 117c: Spiritual, protective artefacts at Mallam Abudu Herbal Centre	208
Plates 118a and 118b: Spiritual bottles at Mallam Abudu Herbal and Spiritual Centre	209
Plate 119: An incense burner at Mallam Abudu Herbal and Spiritual Centre	210
Plate 120: A tray on which cowries are cast at Mallam Abudu Herbal and Spiritual Centre	210
Plate 121: A magical mirror for diagnosing diseases at Mallam Abudu Herbal and Spiritual Centre	211
Plate 122a to Plate 122c: Healing and protective charms at Mallam Abudu Herbal and	

Spiritual Centre	211
Plate 123: Padlocks at Mallam Abudu Herbal and Spiritual Centre	212
Plate 124 Mortar and pestle at Dr.Abban Traditional Herbal Centre	213
Plate 125: A bath made of cement concrete at Dr.Abban Traditional Herbal Centre	213
Plate 126a &126b: Plastic containers at Dr.Abban Traditional Herbal Centre	214
Plate 127: Wooden numbered tablets at Dr. Abban Traditional Herbal Centre	215
Plate 128a & 128b: Images of Subri Deity at Subri shrine in Adwumakaase-Kese	216
Plate 129: Umbrella at Asuhyiae Tano Shrine	217
Plate 130: A Pot at Asuhyiae Tano Shrine	217
Plate 131: A brass bowl at Asuhyiae Tano Shrine	218
Plate 133: Brass bowl on the wooden stand	219
Plate 132: Wooden stand	219
Plate 134: A piece of kente cloth at Asuhyiae Tano Shrine	219
Plate 135: Asuhyiae Tano's chair	220
Plate 136: Poster at Asuhyiae Tano Shrine	220
Plate 137: A practitioner bathing a baby with herbal concoction at Dr.Abban's centre	284



CHAPTER ONE

GENERAL INTRODUCTION

1.1 Overview

This introductory chapter accounts for the general information about the study. It centres on the Background to the Study, the Problem that has necessitated the Study, Objectives and related Questions designed to help the researcher to address the research problem. Other areas covered in the chapter include the Scope of the Study, Limitations, Importance of the Study, Definition of Terms, List of Abbreviations and finally the Organisation of the Rest of the Text.

1.2 Background to the Study

Traditional medicine is the sum total of all the knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental and social imbalance and relying on practical experience and observation handed down from generation to generation, whether verbally or in writing (World Health Organization, 2013). In harmony with this, the Center for the Study of Religion and Culture (2005) also defines traditional medicine as the alternative or non-conventional modes of treatment often involving the use of herbs in a non-orthodox manner as well as the process of consulting herbalists, mediums, priests, witch doctors, medicine men and various local deities when seeking a solution to diverse illnesses.

From the ancient era to the present day, all cultures have used plants and animals as their sources of medicines for curing diseases. The World Health Organization (2002a) reports that as many as 80% of the world's population depend largely on traditional medicine for their primary health care. In African countries like Ghana, Mali, Zambia and Nigeria, sometimes, the first line of treatment is the use of traditional medicine (WHO, 2002b). The United Nations Development Programme (UNDP, 2007) stated that in Ghana, the traditional systems of medicine are recognised as an integral part of their socio-cultural and traditional system where seven in every group of ten people access it for their primary health care. Roberts (2001) highlights that about 70% of Ghana's population depend primarily on traditional medicine.

Moreover, in South Africa, about 27 million people depend on the use of traditional medicine to treat a variety of ailments (Lekotjolo, 2009; Mander, Ntuli, Diederick & Mavundla, 2007). These traditional medicines are highly demanded because of their easy accessibility, effectiveness, acceptability and also affordability in many developing countries. As Davies (1994) stated, they are well established, recognised, accepted, and in some instances, preferred over allopathy due to their great effectiveness.

Traditional medication involves the use of herbal medicines, animal parts and minerals (such as alum, powdered ferruginous clay, kaolin, ant-heap, common salt or rock salt). Herbal medicines are the most widely used of the three because the other types of materials involve other complex factors (WHO, 2000). The role played by the traditional medicine system in ensuring quality of life and well-being of the citizenry and the national economic, social and political growth is critical in the developing economies (WHO, 2003; 2008). As regards this, the World Health Organisation officially recognised the importance of integrating traditional medicine into health care systems at the 30th World Health Assembly (WHA) in 1977.

The traditional medicine practice system is a holistic one; it incorporates cultural values (which include our social ethics, religions and morals) and arts. It is impossible to separate art and culture from traditional medicine because they are mostly the media through which healing is administered to clients. This assertion directly finds expression in the following statement made by Abdullahi (2011) that, traditional medicine is an art and culture-bond method of healing that humans have used to cope and deal with various diseases that have threatened their existence and survival. In related argument, Odugbemi, (2008) in his textbook of Medicinal Plants states that the traditional medicine is deeply rooted in a specific socio-cultural context and is strongly bonded to local cultures and beliefs. The above declarations reveal that traditional medicine administration system includes all the beliefs, rituals, customs and value systems and it is the artistic and other cultural aspects that serve as a vehicle for administering them.

Furthermore, Conserve Africa (2002) report states that the traditional medicine practitioners use ample diversity of treatments ranging from "magic" to biomedical methods such as herbal therapies, bathing, massage and surgical procedures depending on the type of disease. Charms and the casting of spells are also used in their treatments. Sympathetic magic (very artistic) is also widely used in the traditional health care delivery

system. With this magic, a model is made of the victim and actions performed on the model are transferred to the victim (Onwuanibe, 1979).

Moreover, in Africa, infirmities are not seen as chance occurrences but are believed to arise from the actions of individuals and ancestral spirits according to the balance or imbalance between the individual and the social environment (Anyinam, 1987; Hedberg, Madati, Mshigeni, Mshiu & Samuelson, 1982; Ngubane, 1987; Staugard, 1985; WHO, 1976).

Early in the history of the Asantes, the practice of traditional medicine was in a form of supernatural or spiritual curative art. This stems from the people's strong belief in the metaphysics. According to Twumasi (1975), during the pre-colonial and the colonial eras, effort was made by the indigenous people to cooperate with the colonial administration to meet their health care needs. From the period of 1902 to 1957, there was the co-existence of several medical therapies resulting in what could be termed as medical pluralism in the Asante community (Adu-Gyamfi, 2010). The traditional medication system in the Asante community has been sustained for decades because it is based on the cultural values and norms of the people and it is available, acceptable and affordable (Airhibenbuwa, 1995; Mensah, 2008; Gyasi, Mensah, Adjei, & Agyemang, 2011). For instance, in a study conducted by Buor on the contributions of folk medicine to health delivery at the KwabreSekyere District in the Ashanti Region, it came to light that, even the learned people preferred the traditional bone setting therapy to the orthodox care since they are very effective and have a great deal of belief (Buor 1993). The Asante community has a high number of traditional medicine practitioners who are members of the community and live next door to the people they treat (Oppong, 2003).

This thesis describes and highlights how artistic and cultural elements have helped and are still helping in the administration of Asante traditional medicine in the Ashanti Region. It also stresses the philosophical underpinnings of traditional medications to validate the use of traditional medicine as an integral part of healing. This research therefore seeks to inform and educate people on the role of art and culture in administering Asante traditional medicine in the Ashanti Region and their connection for people to appreciate and patronise it. The art and cultural practices of the Asantes are seen as having a very strong and vast similarity with those of other areas of Ghana. This reason motivated the researcher to choose the Asante of Ghana for the study.

1.3 Statement of the Problem

Art and culture play a very significant role in all aspects of life, including the field of traditional medicine. Even though Asante art and culture are interwoven with the administration of Asante traditional medicine, their linkage since time immemorial, has not been appreciated by a large number of people to the point of even portraying it as evil or fetish. Due to the lack of knowledge of the medicine's philosophy, many people think the administration process is mystical and difficult to understand. According to Ubani (2011) and Onwuanibe (1979), little has been done to investigate the legitimacy of these medical practices, as many people believe that the traditional medical practices are pagan and superstitious and could only be suitably replaced by Western methods. Accordingly, most people including doctors, other health practitioners and Christians, in most cases, continue to shun traditional medicine practitioners despite their contribution to the basic health needs of the population (Conserve Africa, 2002). It is important therefore to make the linkage known through this study in order to remove the mystery and superstition associated with the administration of Asante traditional medicine.

Moreover, the art and cultural practices entrenched in the traditional medicine administration have attracted little literary attention and not much documentation has been made in books, journals and papers making it difficult for people to appreciate the arts and the other cultural elements which are deeply employed in administering traditional medicine in the Ashanti Region. Oku (2015) and Mills, Edward; Cooper, Curtis; Seely, Dugald; Kanfer and Izzy (2005) affirm that traditional medicines administration in Africa are generally not adequately researched, and are weakly regulated. There is lack of detailed documentation of the traditional medicine, which is generally transmitted orally (van Wyk, Ben-Erik; Oudtshoorn, Bosch, Gericke and Nigel, 1999).

Furthermore, the art and other cultural activities that serve as a vehicle for curing diseases have almost completely been overlooked when it comes to the analysis and appreciation of traditional medicine. The fact however remains that the traditional medicines themselves cannot function without the integration of art and culture. Darko (2009), affirming this, stated that traditional medicine practice is integrated with the socio-cultural background of the people and are deeply interwoven into the fabric of their cultural and spiritual life; thus making it an intimate part of their culture. This circumstance therefore calls for an in-depth study into the art and other cultural practices involved in the administration of Asante traditional medicine in the Ashanti Region of Ghana. This thesis

is therefore set out to also bring to the fore Asante art and cultural elements involved in the administration of the medicine so that people can fully appreciate and patronise it.

1.4 Objectives

1. To identify some Asante traditional medical centres in the Ashanti Region and describe their medical practices.
2. To discuss the Asante arts and cultural elements that feature in administering traditional medicine in the Ashanti Region.
3. To analyse the positive aspect of Asante traditional medication so as to help erase the negative perception that exists about it.

1.5 Research Questions

1. Where are some Asante traditional medical centres in the Ashanti Region, and what are their medical practices?
2. How are the Asante arts and cultural elements, feature in the administration of Asante traditional medicine in the Ashanti Region?
3. What are the positive aspects of Asante traditional medicine that can help erase the negative perception that exists about it?

1.6 The Scope of the Study

The study is restricted to the role of art and cultural components of traditional medical practice in selected Asante medical centres in the Ashanti Region of Ghana and the removal of the fallacy about the traditional medicine administration for people to fully patronise it. It concentrates on the therapeutic practices of the traditional diviners (Priests and Priestesses) and spiritual healers in the Ashanti Region, Ghana. The study also gives attention to the practitioners' beliefs and practices with regards to arts and culture. This research is basically concerned with the physical and the spiritual aspects of the traditional medication. An anecdotal study conducted proved that the non- spiritual healers do not have enough and interesting artistic elements and cultural practices. Interestingly, while healing, the diviners and other spiritual healers incorporate the types of artefacts used by the non-spiritual healers. These are the reasons behind the researcher's choice of traditional diviners and spiritual healers.

Six Traditional Medical Centres in the Ashanti Region have been chosen as study areas. They are the *KuneGyendu/Bongari Shrine* at Adumakasekese, *Asuo Abresua Shrine* of

Ahwirewam, *Bokankye Akua Gyabon* Shrine (currently situated at Mankranso Peposo), *Apomasu Kwao* Shrine of Ntensere, Mallam Abudu Herbal and Spiritual Centre at *Abuakwa* and Dr. Abban Traditional Medical Centre at Bompata, Kumasi. Also, for validity of the data, other six medical centres namely *Asuhyiae Tano* Shrine at *Asuhyiae*, *Gyeaboo* and *Subri* Shrine all in Adumakaasekese, Mallam Mohammed Maaye Herbal and Spiritual Centre of Ampame – Krofrom, *Nso Nyame Ye* Herbal Centre (Dechemso) and Ama Serwaa Herbal Centre at Ankaase, all in the Ashanti Region of Ghana were involved in the study.

1.7 Limitation

The researcher was not allowed by some traditional authorities and their clients to take photographs of some activities that went on at the shrines. This was as a result of unlawful propagation by the media and other people.

Another limitation of the study was that, the traditional priests, priestesses and the elders of some medical centres were reluctant to give salient information that could have enhanced the findings from the study.

1.8 Importance of the Study

The study has unveiled the arts and cultural practices associated with the administration of Asante traditional medicine in Ashanti Region and this will enlighten Ghanaians and foreigners, for that matter tourists, about the Asante culture and art. This will in effect help arouse the curiosity of tourists, both foreigners and Ghanaians, to know and write more about the medicine of the Ashanti Region.

The study will help fill the academic vacuum created by scarcity of information on the role of art and socio-cultural practices in the field of traditional medicine in Ashanti Region and thus promote societal regard for the arts, cultural values and beliefs associated with them, as being the medium through which healing takes place.

Researching into this area of study will help serve as a wake-up call to the general public to further embrace the traditional way of medication. This will go a long way to attract the necessary attention of traditional medication.

The study will boost the interest of art historians, anthropologists and ethnologists to make further studies on the topic under study in other parts of the country.

Moreover, the study will inspire lectures and students of religion since it will provide information on the religious aspect of traditional medication. It will also be beneficial to

psychologists since the use of art in the administration of medicine has massive psychological implications.

The thesis will also stimulate the government and stakeholders to improve on traditional medicine in the Ashanti Region and the entire country for it to meaningfully complement and enhance the effort of the orthodox medicines.

1.9 Definition of Terms

Culture: Accepted norms, values, arts, attitudes, beliefs, proverbs and lore that have become the way of life of a group of people.

Deity: A god or goddess or any supernatural being considered divine or sacred.

Shrine: It is a sacred place devoted to the service of the gods for healing, sacrificial rituals, ceremonial purposes and other activities. It is also a vessel or receptacle for deities and other spirits.

Traditional medicine: The term traditional medicine refers to the ancient and culture-bound method of healing administered by local people based on their indigenous knowledge which is free from foreign influence.

Traditional medicine administration: It is the indigenous, artistic and other cultural methods of diagnosing and curing diseases.

1.10 Abbreviations

WHO – World Health Organisation

WHA - World Health Assembly

UNDP - United Nations Development Programme

1.11 Organization of the Rest of the Text

The thesis is divided into six chapters. Chapter one which deals with the introduction, statement of the problem, objectives, research questions, scope of the study, importance of the study, definition of terms, abbreviations and organization of the rest of text have been presented.

Chapter Two is mainly devoted to reviewing the literature that is relevant to the study. It centres on the theoretical and empirical review of literature pertaining to the present study. This was done to ascertain the academic vacuum that needs to be filled. The review also

guided the researcher to seek new information that would contribute to the growth of knowledge in traditional medicine. The theoretical and conceptual frameworks as well as the philosophical underpinnings of the study have also been presented.

Chapter Three addresses the approach and methodology that were used for collecting data for the study. This third chapter therefore highlights the following subheadings; the research design, population of the study, sampling techniques, instrumentation, location of data, admissibility of data, the validity of data, data collection procedure, primary and secondary data and the data analysis plan.

The Fourth Chapter deals with the organisation of the data, as well as the analyses, interpretation and discussions of the findings. Chapter Five presents the general discussion of the salient points in the entire thesis, while Chapter Six concludes and makes beneficial recommendations. The references and appendices also follow the sixth chapter.

1.12 Summary of the Chapter

This chapter has outlined the subject matter of the thesis. The statement of the research problem, the scope of the study and the reasons for setting it has also been discussed. More so, the aims and objectives, research questions and the significance of the thesis have been presented. The key terms of the study have also been explained in order for readers to have clear mind about them. The chapter concluded by outlining how the thesis is organised. The next chapter is the review of related literature that pertains to the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview

This section presents literature related to the topic under study and makes a scrupulous and extensive review of what previous researchers have documented. It aims to clarify issues relevant to the study and also to contextualise the discussion. The key concepts were selected and reviewed to further subject the research to the necessary scrutiny to ascertain its feasibility and viability. However, this chapter is organised under the following subheadings:

Empirical Review

2.2 The Concept of Culture

2.3 The Concept of Traditional Medicine

2.3.1 Traditional Medicine Administration

2.3.2 Classification of Traditional Medical Practice

2.3.3 The Role and Efficacy of Traditional Medicine

2.3.4 Cultural Beliefs Associated with Traditional Medicine

2.3.5 Rituals Connected to Traditional Medicines

2.3.6 Incantations Relating to Traditional Medication

2.3.7 Taboos Accompanying Traditional Medicine

2.3.8 Philosophy of Traditional Medicine

2.4 The Concept of Art

2.5 Art and Traditional Medicine

2.5.1 Visual/Environmental Art in Traditional Medication

2.5.1.1 Body Art

2.5.2 Performing Art Associated with Traditional Medication

2.5.2.1 Music as a Traditional Medication

Theoretical Review

2.6. Theories of Traditional Medicine Administration

2.7 Humoral Theory of Medicine

2.8 Disease Theories

2.9 Theories of Art in Relation to Traditional Medicine

2.10 Deprivation Theory

2.11 Performance Theory

2.12 Cultural Performance Theory

2.2 The Concept of Culture

Since this study examines Asante arts and other aspects of Asante culture in traditional medicine administration, it is significant to look at the concept of culture. According to White and Dillingham (1972), the word 'culture' was introduced into anthropology as a technical term by Sir Edward Burnett Tylor. Culture was used by Tylor in the opening words of his widely read book titled 'Primitive Culture' in 1871. Tylor in his book explained culture as, that complex whole, which includes beliefs, art, laws, morals, customs and any other capabilities and habits acquired by man as a member of society (Tylor, 1871). California Endowment (2003) also purports that culture is an integrated pattern of human behaviour that includes the language, thoughts, actions, customs, beliefs and institutions of racial, ethnic, social, or religious groups. These definitions denote that culture is intricately intertwined with every aspect of the entire human life within every group of persons. In similar dimension, every culture has beliefs about health, disease, disease treatment, and health care providers. People from the immigrant cultures, as well as American Indians, bring their beliefs, and the practices that accompany them, into the health care system.

Storey (2001) conceptualised culture in three different conducts. With the first one, culture can be seen as a general process of intellectual, spiritual and aesthetic development. Secondly, culture can be employed as a particular way of life, whether of a people, a period or a group. With the last one, Storey referred to culture as the works and practices of intellectual and especially artistic activity (Raymond, 1983, cited in Storey, 2001). From storey's conceptualisation of culture, it can be explained that cultural issues include both explicit and implicit patterns of behaviour, symbols, artefacts, ideas, beliefs, ritual practices, values considered as products of action and conditional elements of future action (Kroeber and Kluckhohn, 1952).

Conrad (2004) also perceives culture as a complex whole which includes knowledge, beliefs, arts, morals, laws, customs, and any other capabilities and habits acquired by man as a member of society. This is well reflected by Kendie and Guri (2004) who assert that culture is the whole complex, distinctive, spiritual, material, intellectual and emotional

features that characterise a society. Culturally, most traditional medicines are connected with taboos, codes, beliefs and customs. Among the Akans and for that matter the Asantes, there has been an important association between man and plants particularly in the use of herbal medicine by the local people.

Hofstede (2001) also views culture as a collective programming of the mind that distinguishes the members of one group or category of people from another. Hofstede (2001) believes the concept of cognition as affecting thoughts and feelings, beliefs, attitudes, and skills in a manner which is taught and nurtured by the environment of the individual. Lederach (1995) supports this idea expressed earlier about differing processes of a cultural mind-set, by saying that culture is the knowledge and schemes created by a set of people for perceiving, interpreting, expressing, and responding to the social realities around them.

According to Ogundele (2007), one important insight in recent times is that, culture is clearly divisible into two broad parts which are; the actual behaviour of a group of people and the abstract values, beliefs and perceptions of the world underlying the behaviour. This means that culture is an amalgamation of the seen and the unseen phenomena. The observable or empirical dimension of behaviour or culture necessarily derives from the abstract component, in a mutually understandable manner.

Sarpong (1974) further expressed that culture is the sum-total of behavioural traits that have been learned, and passed on from one generation to another in an uninterrupted succession. Similarly, Schalkwyk (2000) concurs that since culture is a 'living entity', its shape and nature continually keep changing, going through series of reshaping and renewing. Sarpong hastily added that, all the same, the transformation of culture cannot be so profound as to leave nothing of it, culture is dynamic and never static. In corroborating this assertion, Gathogo (2009) contended that while cultural meanings may differ historically, it would however be erroneous to suggest that there is a complete break up in cultural meanings, as there is also continuity. Even though culture is not static and changes, its core elements do not change.

D'Andrade (1992) and Koltko-Rivera (2004) think that we should try to see culture as a set of shared and socially transmitted ideas about the world that are passed down from generation to generation. Schaefer and Lamm (1997) reiterate that, culture is the totality of learned socially transmitted behaviour. According to Ojua, Ishor, and Ndom (2013),

culture is a way of life of a people, therefore, the way of lives of the people can determine their development over time in all ramifications as compared to global growth and societal development. Twumasi and Bonsi argued that medical systems have ties with the way of life of a people and that the institution of medicine has ties with philosophy, religion and belief systems (Twumasi & Bonsi, 1957). Mbiti (1969) in his book, 'African Religions and Philosophy', writes that culture precedes a man before he is born into the world; it also accompanies him throughout the stages in life and follows him even after his departure from the world. This attests to the fact that culture is man and man is culture. People portray their culture in all aspects of life including the administration of traditional medicine and that makes them to be identified.

2.3 The Concept of Traditional Medicine

According to Asare (2015), traditional medicine is an ancient medical system that has provided the world's population with safe, effective and affordable medicines for at least some 60,000 years and even today, the populations of developing countries worldwide continue to rely heavily on plant medicines for their health care needs.

Zhang and World Health Organization (2000) defined traditional medicine as the sum total of the knowledge, skills, and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses. Addy (2017) builds on this definition, stating that traditional medicine includes other cultural aspects such as social and religious elements as well as the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well-being and the causation of disease and disability. In related argument, Ajao, Oladimeji, Babatunde, and Obembe (2014) also explain traditional medicine as an ancient and culture-bond method of healing that humans have used to cope and deal with various diseases that have threatened their existence and survival. Dopamu (2003) also described traditional medicine as the tradition, art or science of the prevention and cure of disease. From the above declarations, it is obvious that traditional medicine practice is a cultural phenomenon including the religion of a group of people, and identifies and exhibits their philosophy, faith, morality and worship. According to Kusi-Bempah (2011), the practice of traditional medicine was and is still in a form of magical or religious healing art. This was because people strongly believed in the metaphysical and had no or little regard for science. In contrast, Senah (1997) contended that some traditional medical

practices are totally devoid of magico-religious rituals. Kusi-Bempah's statement is not applicable in the case of non-spiritual medical practices. It also involves the use of natural substances to prevent, treat or cure diseases. It can also mean medicine used internally or externally.

Ernst and Fugh-Berman (2002) describe traditional medicine as diagnosis, treatment, and or prevention which complements mainstream medicine by contributing to a common whole, satisfying a demand not met by orthodoxy or diversifying the conceptual frameworks of medicine. Other scholars perceive traditional medicine as unconventionally and confusingly large and heterogeneous array of techniques, which exhibits both therapeutic and diagnostic approaches (Yeo, Yeo, Yeo, Lee, Lim, & Lee 2005). Traditional medicine identifies three sources of disease; physical, mental and psychological or psychical which may be caused by either physical or spiritual factors.

In Ghana, legal endorsement of traditional medicine practice started with the creation of the Ghana Psychic and Traditional Healers Association in 1960 by Dr. Kwame Nkrumah, the first president of Ghana. The association aims at promoting and encouraging the study of "herbalism" and "psychicism" in Ghana and Africa in their application to public health and allied fields (Addy, 2017). Traditional medicine includes crude plant materials such as leaves, flowers, fruits, seeds, stems, stem bark, wood, roots, rhizomes or other plant parts, may be the entire, fragmented or powdered (WHO, 2000; Ampofo et al., 2012). In some cultures, inorganic materials or animal origin may also be incorporated (World Health Organisation, 2005). Craig (1999) in his study revealed that herbs are very effective in reducing diseases like high blood cholesterol, protecting against cancer, strengthening the immune system and interfering with diabetes related enzymes.

Globally, there is now a general recognition that the medicines once described as primitive could be mankind's saving grace and so within the past two decades, the views of traditional medicines have moved from that of "witches brew" (Bentil, 2016). Ethnobotanical studies carried out throughout Africa confirm that native plants are the main constituents of traditional African medicines (Adjanohoun et al., 1986; AkeAssi, 1988; Hedberg et al., 1983; Kokwaro, 1976; Oliver Bever, 1987). According to Senah et al. (2001) and Twumasi (1988), herbal medicine is the most numerous traditional medical practice in Ghana and largely devoid of magico-spiritual rituals (Addy, 2017).

In contrast with western medicine, which is scientifically based, traditional African medicine takes a holistic approach; good health, disease, success or misfortune are not seen as chance occurrences but are believed to arise from the actions of individuals and ancestral spirits (Anyinam, 1987; Hedberget al., 1982; Ngubane, 1987; Staugard, 1985; WHO, 1977). Even though the above assertion is partly true, UNESCO (2013) similarly argue that traditional medicine is based on theories that see human beings as inseparable from their social, natural, spiritual and cosmic environment. With this holistic approach, disease is considered and treated as a phenomenon that arises when an imbalance affects the vital powers governing the patient's health; these powers range from the most powerful deity to the smallest living organism.

According to Twumasi (1988), in traditional medicine practice, there is no conceptual separation between natural and supernatural entities. This means that the natural and the supernatural are intricately amalgamated. Buor (2002) suggests that the fundamental theory in traditional medicine is that, there is a triune nature of man, that is, physical, mental and spiritual and the diagnosis and therapeutic approaches should be buttressed on that basis. To restore harmony, the healer combines local plants and minerals chosen both for their medicinal properties and their symbolic and spiritual significance with ritual actions, and calls on his or her in-depth knowledge of the patient's kinship and social relations, as well as common local cosmologies. The diviner and the traditional healer are the key figures in traditional medicine in Africa. The diviner diagnoses the cause of an illness if a supernatural intervention is suspected (UNESCO, 2013).

Kusi-Bempah (2011), Marshall (1998) and Jaggi (1973) also contend that practitioners of traditional medicine specialise in particular areas of their profession, in the same way as orthodox medical practitioners do. Some traditional medical practitioners are experts in the use of herbs (herbalists), others are skilled in spiritual healing, that is the use of incantations, and others at the same time combine both. There are also traditional bonesetters and birth attendants. However, in some cases, one type of healer provides several or all therapeutic services.

Traditional medicine, according to Weisheit (2003), is based on the indigenous knowledge of a given people or community and their experience in the context of the local culture and environment. It is for this reason that Kofi-Tsekpo (2004) stated that traditional medicine is not only an untapped reservoir of knowledge, philosophy and history that offers the possibility of cures, but also provides a national heritage and a means of linking the land

and its people. It is dynamic and changes with time depending on the prevailing situation. Based on the above assertion, Patwardhan and Partwardhan (2005) concluded that, traditional medicine should not be regarded as a static body of unchangeable knowledge but as an evolutionary process as communities and individuals find new techniques. Esegu (2002) affirms that because of the effectiveness of traditional medicine, majority of people, rural and urban alike, depend largely on it as their primary source of healthcare for healing variety of diseases.

Traditional medicine is closely linked with people's cultures that may continue to thrive even when western health care becomes available. For example, Van der Geest (1997) observed in Kenya that patients had a clear sense of which diseases they would present at western clinic, and when they would seek care from traditional healers. In South Africa, traditional healers are flourishing in urban areas where western health care is available (Mander et al., 1997; Jager, 2005).

2.3.1 Traditional Medicine Administration

According to Truter (2007), traditional medicine administration is both an art and a method of seeking to find out the genesis of the disease and determining what it is and how it can be cured. Some traditional healers use an extensive diversity of treatments varying from magic to biomedical methods which include fasting and dieting, herbal therapies, bathing, massage, and surgical procedures (Conserve Africa, 2002). The healers look at "who" as the ultimate rather than the "what" when locating the cause and cure of an illness. Similarly, Pretorius (1999) contends that diagnostic process in traditional medication does not only seek answers to the question of how the disease originated, that is the immediate causes, but who caused the disease and why it has affected that particular person at that point in time is the ultimate cause.

Traditional medicine administration is comprehensive and has curative, protective and preventive elements. These traditional health care services are provided through tradition and culture prescribed under a particular philosophy (Shankar, Lavekar, Deb, Sharma 2012; Truter, 2007). It can either be natural or ritual, or both, depending on the cause of the disease. It may include ritual sacrifice to appease the spirits, ritual and magical strengthening of people and possessions, steaming, purification (for instance, ritual washing, or the use of emetics or purgatives), sniffing of substances, cuts (that is African mode of injection), wearing of charms, and piercing (African acupuncture) (Shankar,

Lavekar, Deb, Sharma 2012; Truter, 2007). Moreover, the medicine may be applied as a poultice or compress, rubbed on as a massage ointment, drunk as a potion, or infused. Very few treatments require eating specific foodstuffs (Florey & Wolff, 1998).

According to Merriam and Muhamad (2011), some traditional healers occasionally call upon invisible genies for assistance. In most cases, the genies themselves come to help the healers when the problem is beyond control. Merriam's and Muhamad's study revealed that some practitioners, after identifying where the disease is, dip a betel nut leaf in honey and then recite some verses. Afterwards, the pain is transferred by saying, "You don't stay there, come here." The practitioner points towards where the disease is, and then touches that part of the patient's body with the finger. Meaning, the disease should not stay in the person, it should be transferred out of the patient through the finger of the traditional healer. Some also are believed to transfer the disease to plants and other objects.

2.3.2 Classification of Traditional Medical Practice

According to Evans-Anfom (1986), Twumasi (1988) and Senah, Akor and Mensah (2001), traditional medicinal practitioners are categorised into herbalists, shrine devotees, fetish priests, spiritualists, traditional midwives, bonesetters, faith healers and scarificationists. Addy (2017), in her study, puts traditional medicine men into two major groups: one group is referred to as herbalists, a group which emphasises the physical aspects of a disease, and uses mostly plant parts as a basis for their treatment. Addy placed bonesetters under herbalists. According to Addy, the other group of traditional medicine men highlights the spiritual aspects of disease. A hybrid group may be described as herbalist-spiritualist, who in addition to practising herbal medicine, also deals with the supernatural causes of diseases. Addy also puts soothsayers or diviners and shrine devotees under spirituality. Traditional medicine takes account of herbal medicine, bonesetting, spiritual therapies, maternity care, psychiatric care, massage therapy, aromatherapy, music therapy, and homeopathy.

According to Swierzewski (2009), herbalists use plants and other natural substances to improve health, promote healing, prevent and treat illness. Addy (2017) also purports that the non-spiritual herbalists are very well versed in the knowledge of herbs and their practices are devoid of magico-spiritual rituals. These herbalists are regarded as people who know the powers of plants and may attach some mystery to their art of healing. For

instance, those who go out to pick the plants for use may be told not to look back or talk to anybody on the way home.

Diviners or Soothsayers on the other hand are people who gain insight into situations or circumstances by way of occultism, standardised process or ritual (Peek, 1991). According to Akanbonga (2015), diviners or soothsayers use powers which arise from spiritual agencies and in the process of possession, divinations, and rituals, help facilitate diagnosis and healing. They usually explain the whys of certain infirmities and afflictions and may foretell the outcome of the intended actions (Addy, 2017). They also find out the person (the “who”) that may have used bad magic, sorcery or witchcraft against the sick, barren and so on. Diviners or Soothsayers also find out hidden secrets or knowledge and pass them onto their clients. The nature of their practices cannot be scientifically investigated (Manuh & Sutherland-Addy, 2014).

Shrine devotees are men and women called to serve particular deities. They deal with all manner of issues and can dispense justice even beyond national political boundaries (Manuh & Sutherland-Addy, 2014). The services of shrine devotees are open to all, irrespective of the place of origin. Akanbonga (2015) also established that shrine devotees’ healing involves possession and communication with supernatural elements, including resolving afflictions from witchcraft. In some instances, these devotees may engage in healing and divination.

Herbalist-spiritualists also use a hybrid of herbs and spiritualities in their healing process. They are people who in addition to practising herbalism, also deal with the supernatural causes of diseases. They indulge in occult practices such as rubbing magical medicines into facial or bodily incisions and are very common in most communities (Senah, Adusei, Akor, Mensah & Agyentutu, 2001).

2.3.3 The Role and Efficacy of Traditional Medicine

Traditional medicines have been playing significant roles in human society for centuries. The traditional medical practice illustrates the medical knowledge practices, which developed centuries ago within a variety of societies before the era of modern allopathic or homeopathic medication began (Imtiaz, 2012). According to Busia and Kasilo (2010), it is estimated that out of a global population of approximately 6.3 billion, about 4 billion

utilise traditional medicine to meet their primary health care. Among non-industrialised societies, the use of traditional medicine to restore health is almost universal. In the industrialised countries also, about half the people regularly use traditional medicine for their health care delivery. Because of its efficacy, countries in Latin America, Asia, and Africa are still using traditional medication to cure both communicable and noncommunicable diseases such as cancer, malaria, HIV /AIDS (even though many people doubt this), diabetes, hypertension, and tuberculosis.

It is currently estimated that between 70%-75% of the population in Africa use traditional medicine to fulfil their basic health related necessities (Abbiw, Agbovie, Akuetteh, Amponsah, Dennis, Ekpeh, & Gillet, 2002). The WHO study of Traditional Medicine Strategy 2002-2005 showed that in Ghana, Mali and Nigeria, the first line of treatment for 60% of children with high fever resulting from malaria is the use of traditional medicines (WHO, 2002). Another attention-grabbing issue is that presently, in United States, up to 158 million people use traditional medicine in their primary health related necessities (Alam, 2012).

Furthermore, a study conducted in Ghana revealed that every traditional practitioner is to 224 people, compared to one university trained doctor for nearly 21,000 people (KusiBempah 2011). Similarly, in Swaziland also, for every traditional healer, there are 110 people while for every university trained doctor, there are 10,000 people (WHO, 2002). For this reason, effort has been made by governmental and non-governmental agencies in Ghana to amalgamate the orthodox and the traditional medication. Moreover, as part of the global effort to institutionalise traditional medicine in the health systems of Member States of the World Health Organisation, several countries including those of the ECOWAS Region have signed up to various traditional medicine-related declarations and resolutions.

At the 2009 African Traditional Medicine Day held in Lagos, the State Governor Babatunde Fashola, recapped the key role of traditional medicine in healthcare delivery in Africa and its potential to contribute to the attainment of the health-related provisions of the Millennium Development Goals (MDGs), stressing that reduction of child mortality, improving maternal health and combating HIV/AIDS, malaria, tuberculosis, leprosy, malnutrition, among others, are all linked to how far Africans are able to harness the hidden potential of our traditional medicine (Obinna, 2009).

The World Health Organisation's (2002) and the 2008 World African Health Organisation's (WAHO) Traditional Medicine Workshop Report calls on countries to establish mechanisms of collaboration between modern medical practices and the traditional medicinal practices since traditional medicine can cure most diseases which is not the case of orthodox medicine. In corroboration, Clement, Morton-Gitten, Basdeo, Blades, Francis, Gomes, Janjua, & Singh, (2007) state that the major factor contributing to the increasing popularity of traditional medicine in developed countries and their sustained use in developing countries is the perception that traditional medicines are efficacious, and in some cases more effective than allopathic medicines. In addition, the World Health Organisation (WHO) contends that traditional medicine is the surest means to achieve total health care coverage of the world's population. A study conducted in Trinidad on how users perceived traditional medicine revealed that, 86.6% believed that traditional medicine was equally or more efficacious than orthodox medicines for specific ailments and diseases (Clement et al, 2007). The major reasons for the continued use of traditional medicine are; its more accessibility, affordability, culturally acceptability, and above all effectiveness (Darko, 2009; Obomsawin, 2007; Okigbo and Mmeka, 2006; Twumasi, 2005; Davies, 1994, Buor, 1993).

According to Mensah (2008), Buor (1993) and Twumasi (2005), researches have proved the strength and efficacy of traditional medicine. Shaikh and Hatcher (2005) opine that practitioners of traditional medicine have shown remarkable success in healing acute and chronic diseases. A discovery made by Buor in (1993) indicates that there is a kind of psychological security in the medical approaches of the traditional healers which is able to relieve a patient of strong psychic pressure. Again, Shaikh and Hatcher state that in cases of sexually transmitted diseases, typhoid fever, yellow fever, menstrual disorders, fertility problems and the like, traditional medicine is considered more effective.

2.3.4 Cultural Beliefs Associated with Traditional Medicine

Hall, Grindstaff and Lo (2010) in their Handbook of Cultural Sociology explain cultural beliefs as norms, values, standards, and expectations a society has generated for its participants. It is also an acceptance that something exists or is true, especially one without proof. Beliefs anchor people's understanding of the world around them and once a belief is formed, it strictly has the tendency to be preserved. Cultural beliefs are central to all aspects of life in Africa. Cultural beliefs impact the way of life of the people, that is, the way they live their everyday lives.

Amenuke, Dogbe, Asare, Ayiku and Baffoe (1991) strongly believe that God has given special powers to plants, animals and other objects. These powers can be used by man through rituals, rites and ceremonies. They further stated that one can use the power of a plant to heal a sick person through rituals. In related argument, Homsy, King, Balaba, and Kabatesi (2004) state that traditional African medicine is characterised by a holistic world-view that embraces people, animals, plants, and inanimate objects in an inseparable whole form which all beings derive their life force. Bishop (2005) concludes that people might be attracted to, and consume traditional medicine because they hold beliefs that are congruent with traditional medicine.

The Traditional Medicine Practice Act (Act 575) of Ghana 2000 defines traditional medicine as a practice based on beliefs and ideas recognised by the community to provide health care by using herbs and other naturally occurring substances. According to Gyasi, Asante, Abass, Yeboah, Adu-Gyamfi and Amoah (2016), in trying to offer a possible reasoning for the belief concept in traditional medicine acceptance, two arguments come up. One school of thought argues for the pull mechanism, which apparently constitutes the perceived benefits that seem to draw individuals to consume traditional medicine. Sirois (2008) further established that the need for and the desire to take personal control over one's own health and holistic health beliefs are among the more often cited pull variables. Individuals may find traditional medicine attractive because it is in agreement with their personal values, religious backgrounds and health philosophies.

The other exponent has it that, patients may be dissatisfied with conventional treatment because it has been ineffective for most "tropical" and neglected illnesses, has produced adverse side effects partly due to chemical contamination, and or is seen as impersonal and or perceived to be too costly to access in terms of time and financial barriers (Sirois & Purc-Stephenson, 2008).

One of the most important traditional beliefs amongst the Southern Bantu people is the belief in the immortal ancestors who influence and direct the affairs of the living and to whom propitiatory practices are offered when healing. Infirmities are believed to often stem from ancestral wrath, witchcraft or ritual pollution and often also point more deeply to disturbed social relations (Onongha, 2017). Darko (2009) states that Akans strongly believe that medicinal plants contain essential ingredients for both the physical and spiritual well-being of the body. Some of the medicinal plants are believed to be abodes, dwelling places, or receptacles for certain unseen spiritual forces or supernatural powers.

Some of the spirits, according to Akan mythology, are very friendly and benevolent. Others are considered to be very violent and malevolent and need to be revered. The benevolent spirits are believed to assist the medicine men and women in curing and preventing diseases while the malevolent spirits kill and also cause health problems to people.

According to Onwuanibe (1979), traditional Africans believe that illness is not derived from chance occurrences, but through spiritual or social imbalance. They sturdily believe that in the realm of the visible is the invisible, and nothing transpires by chance. Mbiti (1990) clearly states that Africans usually believe that the spiritual cosmos is united with the physical and that the spiritual and the physical mingle and fit together, making it very difficult or even is uncalled for to separate them. In spite of this belief, the act of healing is considered as a religious act and healing process often attempts to appeal to God because it is ultimately God who cannot only inflict sickness but can also provide a cure.

Onwuanibe adds that, Africans have a religious world view which makes them aware of the feasibility of divine or spirit intervention in healing with many healers referring to the Supreme God as the source of their medical powers. Moreover, Harger, Naheed, Costa and McDonough (2013) also assert that Asantes believe that an individual's health is linked to the metaphysical and supernatural world, with the Creator, the gods and ancestral spirits. Naturally, with such beliefs, diseases have a spiritual dimension among many Asantes.

Native Americans also place great value on spiritual beliefs. To them, illness is viewed as a change in a person's psychological state and an imbalance between the ill person and supernatural forces. They basically use their traditional medicine men or women known as shamans who through spiritual invocations offer healing to their patients. Similarly, in Vietnamese culture, mystical beliefs explain physical and spiritual illness. All cultures have systems of medical beliefs to explain what causes illness, how it can be cured or treated and who should be involved in the process (Mc Laughlin, & Braun, 1998).

Zhang and World Health Organisation (2000) point out three factors that legitimise the role of the traditional healer. The first one is individuals' own beliefs, secondly, the success of their actions and lastly the beliefs of the community. When the claims of indigenous medicine become rejected by a culture, generally three types of adherents still use it – those born and socialised in it who become permanent believers, temporary

believers who turn to it in crisis times, and those who only believe in specific aspects, not in all of it.

Sarfo-Mensah and Oduro (2007) also are of the belief that some medicinal plants offer spiritual security for the entire members of a community. Rattray (1923) affirms that a fig plant in the sacred grove at Santemanso in Ashanti Region is regarded as a refuge for the whole community. Any individual from the community sentenced to death and passing in the vicinity of the fig tree escapes death. Likewise, Falconer (1992) asserts that the “Sumee” plant (*Costusafer*) is believed to contain powers that drive away evil spirits from a community. For example, when a disease strikes a village, it is swept with the plant and the debris piled on the outskirts. By so doing, it is believed that the evil spirits tormenting the village with the disease would have been driven away (Falconer 1992). Moreover, Dafni (2007) contends that Emetic nut plant (*Strychnos nuxvomica*) in India is considered the prison of all demons. Occasionally, such plants can be seen with trunks full of nails as a precaution against demons. If a demon or bad spirit dares to attack a human, the exorcist’s power forces it back into the tree with a nail. Dafni, Levy and Lev (2005) also argue that some plants like Carob are associated with bad luck, and sitting under it is considered dangerous, especially at night since the tree is a dwelling place for bad spirits. Likewise, Canaan (1987) in his study into Plant lore in Palestine also established that Carob plant bear black fruits, and they are the preferred dwelling places of demons. According to Gyekye (1996), these misfortunes are believed to have emanated from the supernatural powers.

Frese, Gray and Eliade (1995) opine that medicinal plants are believed to be associated with ritual. The medicinal plants and their meanings may be incorporated into rituals of curing and initiation. Eliade (1995) stated that no plant was ever adored for adoration sake, but always for what was revealed through it, for what it implied and signified. Cultural beliefs have also helped to ensure careful harvesting of *Helichrysum kraussii*, an aromatic herb known as *impepho* in Zulu which is widely burnt as incense in Natal. Diviners are careful not to rip the plant out by its roots (Cooper, 1979).

The belief that man has two basic natures, the physical and spiritual, thus the dualistic nature of traditional African medicine between the body and soul and spirit and their interactions with one another is also seen as a form of magic. African healers commonly describe and explain illness in terms of social interaction and act on the belief that religion

permeates every aspect of human existence. Conserve Africa's (2002) studies suggest that beliefs related to control and participation, perceptions of illness, holism and natural treatments, and general philosophies of life predict the use of traditional medicine (Astin, 1998).

Traditional medicine contributes to a community's way of life and spiritual beliefs. This is because the medicine forms part of the people's culture and it is practised in the context of their religion. Beliefs can be powerful forces that affect our health and capacity to heal. Whether personal or cultural, they influence us. They modify our behaviour or they stimulate physiological changes in our endocrine or immune system. Cultural beliefs influence health-related behaviour all the time. For example, traditional African medicine is characterised by a holistic world-view that embraces people, animals, plants, and inanimate objects in an inseparable whole from which all beings derive their life force (Abbott, 2014).

2.3.5 Rituals in Relation to Traditional Medicine

The aim of ritual is to gain favour from deities and spirits and also serve as a bond between the person performing the ritual and the deity or spirit. Communicating with deities and other spirits is an important part of rituals. Traditional healers often apply divination and various rituals in order to understand the overall significance of a healing process and counteract its cause (Gruca, Andel & Balslev, 2014). For instance, traditional healers, according to Cumes (2004), intercede between the patient and the world of the dead in order to make restitution. Van Wyk, Ben-Erik, Oudtshoorn, Bosch, Gericke and Nigel (1999) supported this assertion by stating that the interceding activity is generally performed through divination that is, throwing of bones or ancestral channelling, purification rituals, or animal sacrifice to appease the spirits through atonement. In Zambia, the 'Ba-Ila' healer used a rattle made of round palm fruits on a handle during ritual therapies (Smith & Dale 1920). All these rituals are performed in order for traditional medicine to achieve its efficacy. Traditional medicine's rituals aim to restore balance and harmony in terms of the beliefs and values of its culture. These rituals reduce patients' anxiety and serve to relieve feelings of guilt (Truter, 2007).

Traditional healers believe that the ancestors must be shown respect through ritual and animal sacrifice (Cumes, 2004). Rituals are mostly connected to a particular medicine and its healing process. Rattray (1923) pointed out that rituals are performed when harvesting

medicinal plants, and this is done in recognition of the symbolic significance of the magic and religious powers of the plant. Toyang, Wanyama, Nuwanyakpa and Django (2007) also stated that specific rituals are performed when hunting or harvesting certain medicinal plants. Corroborating, Jimoh, Ikyaagba, Alarape, Obioha and Adeyemi (2012) stated that in most African communities, one has to be initiated before one harvests some medicinal plants. Other requirements, such as a special initiation ceremony, a sacrifice or being naked, are also performed. Usually eggs, fowls and sheep are used as propitiatory offering and sacrifices when one wants to harvest a medicinal plant (Rattray 1923; McLeod 1981; Falconer 1992). For instance, among Ashantis, eggs ought to be given to the '*ahomakyem*' climber before a piece of its bark can be cut for use. Furthermore, in order to cut any part of the "*odii*" (*Okoubaka aubrevillei*) plant, libation must be performed to seek permission from the spirits of the plants. This plant, again, cannot be approached at mid-day unless the person who wants to approach it at mid-day goes naked (Falconer, 1992). If a healer goes to the plant clothed at mid-day, the plant may lose its potency.

Wodah and Asase (2012) in their study of the Ethnopharmacological use of plants by the Sisala traditional healers reveal that some traditional healers perform some form of rituals before harvesting some medicinal plants and the reason is to obtain permission from the "spirits" inhabiting the plant. Abebe (1984) and Prance (1994) also pointed out that the time of collection of medicinal plants can be an important issue because some plants have their full therapeutic potential when they are harvested at certain times. Wodah et al. (2012) explain that some traditional healers harvest medicinal plants in the morning because of ease of uprooting plant materials and also one would have not by then eaten which to them is a sign of good luck. Wodah et al. further stated that most traditional medicinal healers prefer harvesting medicinal plants in the afternoon because the ancestral or evil spirits do not temper with the medicinal plants when the sun is hot. Some traditional medicinal practitioners also do not harvest medicinal plant materials on special occasions like market days since they strongly believe the spirits inhabiting the plants which facilitate the healing would have also gone to the market.

Grubben (2004) in his study of Plant Resources of Tropical Africa (PROTA) revealed clearly that in Nigeria, special rituals are performed before the bark of *Okoubaka aubrevillei* is removed. Toyang, Wanyama, Nuwanyakpa, and Django (2007) concluded that before and after harvesting some medicinal plants, traditional healers do not speak to anybody until they have finished their medicinal preparation.

According to Mukuka (2010), when harvesting plants for preparing traditional medicine, it is very important that it is done in a very respectful way (for instance, kneeling before harvesting the medicine). Mukuka added that when entering the area where one intends to harvest medicinal plant, one must always solicit permission from the plant. Cunningham (1993) supported Mukuka by stating that in Zimbabwe, clearance has to be obtained from ancestral spirits before harvesting medicinal plants, for instance *Warburgia salutaris*. Again, before a medicinal plant is cut or dug out, it must be asked if it agrees. One must also explain to the plant what and for whom it is needed (Good, 1987). Traditional medicines are highly respected and revered by the practitioners because of their strong belief that the medicinal plants possess spirits and powers and can harm people who do not respect or revere them.

2.3.6 Incantations Relating to Traditional Medication

According to Sofowora (2008), an incantation takes the form of a play on words delivered orally in poetic form apparently to induce the spirit controlling a particular plant to conjure up efficacies into the part to be used for preparation of medicine. This is based on the traditional belief that healing is not solely based on pharmacological properties of a medicinal plant, but on the ability of the traditional medicine practitioner to invoke the plant's latent powers to overcome the disease through incantations (Oliver-Bever, 1960). When a person falls ill, a traditional practitioner mostly uses incantations to make a diagnosis. Incantations are thought to give the air of mystical and cosmic connections. Makinde (1988) states that there is a strong belief in the power of words if spoken correctly, in the right place at the right time.

Shankar, Teppala and Sabanayagam (2012) confirm that some traditional medicines can only be effective when an incantation is recited during their preparation and administration. Okunlola Adewoyin and Odeku (2007) in their study found out that the effect or function of an incantation in producing a cure in traditional medicine cannot be easily proved experimentally because of association with the supernatural. Incantations are not limited to the time of procuring materials to be used for medicine. They are said at different stages of traditional healing processes, including the arrival of a patient, diagnosis of ailment, preparation of medicine and administration of medicine, after signs of healing have been noticed and during the discharge of a patient.

Adamo (2004) in his study of the Yuroba people, mentioned incantations offered to a pregnant woman when delivering. The incantation is recited as ‘the leaf of *ina* burns in haste, the labouring woman’s name is mentioned, the daughter of the labouring woman’s mother’s name is mentioned to deliver her child in haste today; the *Konu koho* tree does not hesitate to give off its bark cloth, because the snake sheds its skin easily.’ Immediately after such incantation, delivery takes place. Moreover by the use of play on words, the name of the traditional medicine and the ingredients used in the preparation are mentioned in the incantation in order for the medicine to achieve its efficacy. This is shown in the following example disclosed by Verger (1976): *Ooyoaje* leaf chase away the disease! *Ewe awusa*, (*Tetracarpidium conophorum*) leaf heal the disease so it may go away! ‘Agbe’ feather carry the flank disease off! Carmine bee eater feather pick away the disease out of the flank (Mafimisebi, 2010)! This incantation alludes to the utilisation of the materials mentioned and instantly healing takes place.

Borokini, and Lawal (2014) also established that Traditional Medicine practitioners recite rhythmic incantations to praise the deities that gave these plants the power to heal. They also sing praises to vitalise and awaken the spirits working in these plants to produce efficiency when they are used as sources of medicine. Many babies are still delivered at home with the mother squatting in a semi seated position and tied to some object as a traditional healer chants.

2.3.7 Taboos Accompanying Traditional Medicine

The term ‘Taboo’ is derived from the Polynesian word ‘tapu’, and is defined as a ‘prohibition or a ban’ (Ra, 2010). Taboos are objects, words and activities that are forbidden or sacred, based on religious beliefs or morals. Breaking a taboo is extremely objectionable in society as a whole. Around the world, an act may be a taboo in one culture and not in another. Taboos according to Ababio (2014) are ethical instruments that ensure good relationship among humans as well as human and nature. Social taboos represent good examples of informal institutions, which are based on cultural norms that do not depend on government for either promulgation or enforcement (Posner & Rasmusen, 1999; North, 1990).

Mhame et al. (2010) stated that among the Ubuntu of South Africa, it is a taboo for traditional medicinal practitioners to provide services for material gain. They are obliged to provide health care services to their patients without demanding any charges. In relation

to the above statement, Kale, (1995) affirmed that traditional healing is typically performed free of charge, although this is not always the case. This taboo imposes on the practitioners a strong code of ethics in the provision of health care services to which they should always abide. This places a huge responsibility on the traditional medicinal practitioners or individual to demonstrate a high sense of “professionalism” and integrity in the discharge of their work. The traditional medicinal practitioners strive to provide health care services according to the tenets of the taboo. Traditional healers who go contrary to this taboo face the anger of the spirit inhabiting the medicinal plants. Correspondingly, Scudder and Conelly (1985) affirmed that in South Africa and Swaziland, it is a taboo for menstruating women to collect medicinal plants; it is believed that this would reduce the healing power of the plants. Berglund (1976) and Staugard (1985) also contended that in southern Africa, traditional medicinal women practitioners practice as diviners, while men practice as herbalists.

Also, Cunningham (1993) mentions that in Swaziland and South Africa, taboos restrict the seasonal collection of medicinal plants like the *Alepiideaam atymbica* roots, *Siphonochilus aethiopicus* and *Agapanthus umbellatus* rhizomes. In the case of these plants, collection is restricted to the winter months. It is a great taboo to harvest medicinal plants in the summer because summer gathering is believed to cause heavy storms and lightning. Cunningham further stated that in Zimbabwe, clearance has to be obtained from ancestral spirits before harvesting certain medicinal plants.

According to Cunningham (1993), taboos, seasonal and social restrictions on medicinal plants and the equipment used in the harvest serve to limit the abusing use of the medicinal plant. Cunningham again states that in southern Africa, before metal machetes and axes were widely available, medicinal plants were collected with a pointed wooden digging stick or small axe, which tended to limit the quantity of bark or roots gathered. For example, traditional subsistence harvesting of *Cassine papillosa* bark causes relatively little damage to the tree. Good (1987) in his study also revealed that wooden batten was traditionally used for the removal of the bark of *Okoubaka aubrevillei*. Under no circumstances may a machete or other metal implement be used.

The taboos associated with medicinal plants are in fact shaped around the local rules and regulations. The plants are enshrined in religious or cultural beliefs and superstitions and enforced by taboos, which dare not be infringed upon, and thus making the whole exercise, an effective one (Ntiamoa-Baidu, 1995; Abayie, 1998).

2.3.8 Philosophy of Traditional Medicine

The philosophy of African medical practice is rooted in the African world view. Traditional medicine according to Ministry of Health, Ghana (2005), was founded on the belief that human beings are tripartite beings consisting of mind (soul), body and spirit. As pointed out earlier, traditional Africans believe that illness is not derived from chance occurrences. Onwuanibe (1979) states that when addressing the cause and cure of disease in traditional medication, “who” is ultimately sought for and the answers given come from the cosmological beliefs of the people. Rather than looking to the medical or physical reasons behind the illness, traditional spiritual healers attempt to determine the root cause underlying it, which is believed to stem from a lack of balance between the patient and his or her social environment or the spiritual world, not by natural causes (Helwig, 2005). To them, nobody becomes ill without a sufficient reason, which is interpreted ultimately in terms of human and supernatural agency. Some factors that cause diseases or illness according to Aja (1999) are sorcery, breach of taboo, spirit intrusion, diseased objects, ghosts of the dead and acts of the gods.

Moreover, since the native African has a view of a moral universe in which humans, spirits, gods and God interact, all sicknesses and epidemics are often regarded as an imputation of guilt by the individual, family, village or the people as a whole (Onwuanibe, 1979). Likewise, it is believed that the health of a human being has something to do with the metaphysical world inhabited by God (creator), divinities and ancestral spirits (Twumasi, 1975). Importantly, the Traditional Medicine Practice Act (Act 575) of Ghana specifically recognises that traditional medicine practice goes beyond the physical to encompass social and psychological dimensions of healthcare.

2.4 The Concept of Art

Grimshaw (1996) perceives art as a collection of ideas produced by human skill, imagination and invention. Konrad (1962) also defines art as nothing but one of the principal means by which man acquires reality. Art serves as a mirror for observing all the activities that go on in life. In the words of Ayiku (2008), art of the Africans is so much intertwined with the way they live that it survives as a record of their beliefs, aspirations, and needs, physically, emotionally, and psychologically. The arts are tied to the shared behaviour of the people; the sum total of the ways in which they organise their societies,

care for their health as well as make a living. It has been observed that culture, art and religion are inter-related or inter-woven.

Kennick (1979) also sees Art as the process of deliberately arranging items (which are often with symbolic importance) in a way that influences and affects one or more of the senses, emotions, and intellect. Art covers a variety of human activities, creations, and modes of expression. Pope Benedict as cited in Deboick (2011) purports that art is used to express the faith of individuals. Pope Benedict further concluded that through art, what is divine or spiritual can be made physical and that faith is given representation. It can be construed from the above authors that art is made up of both tangible and intangible products and it manifests in all aspects of man's survival including economic, medicinal practice, political, and religious life.

Art according to Stuckey and Nobel (2010), is something that stimulates individual's thoughts, emotions, beliefs or ideas through the human senses as well as the human mind and/or spirit. Art usually stresses the quality of the stimulation it brings about. Similarly, Shankar (2007) also explains art as a (product of) human activity, made with the intention of stimulating the human senses as well as the human mind and/or spirit; thus art is an action, an object, or a collection of actions and objects created with the intention of transmitting emotions and/or ideas. It is also an expression of an idea and it can take many different forms and serve many different purposes. The purpose of a work of art may be to communicate ideas such as spiritual, mental and philosophical to create a sense of beauty or to generate strong emotion (Michael, 2007). The arts are seen as functional, creative interpretations of limitless concepts or ideas in order to communicate something to a person or a number of people. They can be explicitly made for this purpose or interpreted based on images or objects. The impact that arts have on people, the number of people that can relate to the arts, the degree of their appreciation, and the effects or influences that the arts have or have had in the past, are all accumulated to the degree of art (Shankar 2007).

The term Art traditionally refers to any skill or mastery. This concept changed during the Romantic period, when art was a special faculty of the human mind to be classified with religion and science (Gombrich, 2005). Usually, art is perceived as a product of human activity, which is done with the aim of stimulating the human senses as well as the human mind by the transmission of emotions and or ideas (Trifonas, 2012).

Art from anthropological perspective is often a way of passing ideas and concepts on to the later generations in a (somewhat) universal language. The explanation of the language is reliant to the observer's perspective and context, and it might be argued that the very subjectivity of art demonstrates its importance in providing an arena in which rival ideas might be exchanged and discussed, or to provide a social context in which disparate groups of people might congregate and mingle (Bradley & Esche, 2007).

2.5 Art and Traditional Medicine

Art plays a very significant role in traditional medicine administration. For thousands of years, African arts have served as a potent tool in healing practices. According to Stuckey and Nobel (2010), art and health have been at the centre of human interest from the beginning of recorded history. Collie, Bottorff and Long (2006) also declare that art is a refuge from the intense emotions relating to infirmities. African arts are frequently used to achieve the objectives of physical and spiritual health, balance, and well-being. Visual art, verbal art and performing art are the main media through which traditional medicines are administered. Hence, their practices of healing use a diversity of media, such as masquerades, prayers, music, and dance to express the ideals and concepts (Thompson, n.d).

The Department of Health Working Group on Arts and Health in 2006 reported that the arts have a clear contribution to make and offer major opportunities in the delivery of better health, well-being and improved experience for patients and the practitioners alike. For the reason that art is indispensable in dealing with all kinds of sicknesses and serves as a potent tool for healing over the past decade, the orthodox health psychologists have cautiously begun looking at how the arts might be used in a variety of ways to heal emotional injuries, increase understanding of oneself, develop a capacity for self-reflection, reduce symptoms, and alter behaviours and thinking patterns (Camic, 2008).

Throughout recorded history, people have used pictures, stories, dances, and chants as healing rituals (Graham-Pole, 200). According to Staricoff and Loppert (2013), it is evident that engagement with artistic activities in traditional medication can enhance one's mood, emotions, and other psychological states as well as having a salient impact on important physiological parameters. Artistic activities such as music, drawings, singing and dancing help mental health patients to recall events from their lives. These art forms help patients to express themselves and also to increase their range of movement.

2.5.1 Visual/Environmental Art in Traditional Medication

According to Amenuke, Dogbe, Asare, Ayiku and Baffoe (1991), visual arts are the kind of arts that can be seen and also perceived by our sense of touch. They are also the concepts or ideas expressed in visual forms. Carey (1992) indicates that the visual arts are art forms that focus on the creation of works which are basically visual in nature, such as drawing, painting, and printmaking. Esaak (2019) expanded visual art into painting and drawing, sculpture and pottery, textiles and graphic design. Visual art is further grouped into fine and applied arts, examples of which are paintings, sculpture, graphic art, textile designs, industrial art, and photography, among others. With this knowledge, it proves that art, particularly visual art, is very wide and therefore takes part in every activity in life which includes healing. It is in this view that Silva (2006) strongly argues that Visual art is one of the fields through which a society educates its members. According to Appiah (2005), visual art refers to all material objects found in one's environment designed to promote religion and medication among others. It is also seen as a medium for exploring and communicating ideas and emotions and also as a means for appreciating formal elements and mimesis or representation (Micheal, 2007).

Moreover, there is increasing evidence that the display of visual arts, especially images of nature, mostly have positive effects on health outcomes, including shorter increased pain tolerance and decreased anxiety (Staricoff & Lopper, 2003). Staricoff (2004) also postulates that Visual Art in the healthcare delivery system has proved to play an important role in improving observational skills in health practitioners and in increasing patients' well-being. Visual art creates a more uplifting environment and also creates a welcoming atmosphere and builds community relations (Hathorn & Nanda, 2008).

Moreover, amulets inscribed with verses of the Koran or the Bible and charms on the hand or fingers are used to enhance protective powers or energy against evil eye that may cause illness (Owusu-Ansah, 1991). Diallo (1986) also established that visual art is an essential part of the daily activities of the community in all its facets. For instance, pregnant women may use visual art objects like amulets to ensure the safety of the life they carry; female kids are also given dolls both as a means of protection and as role model symbols. Moreover, visual art forms including masks, headdresses, and statues are used for ritual performance. These objects are believed to house powerful spirits or to provide a means of communication with such spirits.

2.5.2. Body Art

Body arts are arts made on, with, or consisting of, the human body. In the medical parlance, body arts serve as a vehicle for curing various kinds of ailments. Although the remedy is a synthesis of drugs and influence of human and spiritual beings, body arts permeates almost all the remaining facets of the therapy. Principally, traditional healing takes place with the connection and in the atmosphere of body arts. In a large extent, body art acts as a vehicle of the medical manipulation of the deities and the medicine-men (Osei-Agyeman, 1990). Body art acts as a unifier of the other dimensions (physical, psychological, spiritual and social) of the therapy, integrating them and bringing them to a whole.

Diallo (1986) established that body art is an essential part of the daily activities of the community in all its facets. In a related matter, Ayeni (2004) contended that there is evidence about the healing or curative role that body art has play for different ethnic groups. For instance, pregnant women may use body adornments like talisman to ensure the safety of the life they carry. Furthermore, Ayeni (2004) elucidated that herbal doctors, priests of the god of herbalism (*Osanyin*) and body artists administer a large number of medicines via incisions on the body. Among the Egun/Egbado, when a child undergoes circumcision and cicatrisation, his relatives have cuts made on themselves to remind them to handle the child gently (Drewal, 1988). Moreover, body artefacts such masks, headdresses, and clothes are worn for ritual healing. In addition, Osei-Agyeman (1990) pointed out that the body adornment are believed to house powerful spirits or to provide a means of communication with such spirits. In similar dimension, Micheal (2007) stated that art forms worn and made on the body with the body are seen as mediums for exploring and communicating ideas and emotions and also as a means for appreciating formal elements and mimesis or representation.

2.5.3 Performing Art Associated with Traditional Medication

According to Boateng (2004), performing arts are aspects of Arts which are performed instead of being made. Nketia also concluded that Performing Arts are arts that can be performed before audience. Appiah (2004), on his part also mentions that performing arts include drumming, chanting and dancing to promote ritual activities of a religion, philosophy and cultural activities. Mbiti (1925) believes that religious rituals and ceremonies are usually accompanied by music, singing and sometimes dancing. Amenuke

et al (1991) and Walker (1988) do believe that the rituals which are performed are forms of drama and these are practiced in the cults.

In the words of Oguamanam (2006), performing art involves incantation, cuddling, cajoling, flattery; wheeling, coaxing, praise singing and others. These are directed to the supernatural powers or the inhabitants of the medicine. The oblation and other sacrifices involved in the exercise are based on the expectation that the spirits will be persuaded on behalf of the patients to relieve their affliction and to restore them to health.

2.5.3.1 Music as a Traditional Medication

Music plays a very significant role in the healing ceremonies of many African people, from the Zar cults of Ethiopia and Sudan, to the Tonga of Zambia (Boddy, 1989 & Colson 1969). Similarly, Emnoff (2002) and Gelfand (1964) also highlighted on the significant role music plays in the Shona of Zimbabwe, and the Malagasy of Madagascar. Friedson (1996) affirmed that many Africans experience infirmities and healing through rituals of conscious transformation whose experiential core is music.

Music is played in healing ceremonies to communicate with the gods and also to call on them (Twumasi 1975; Bannerman-Richter 1982). According to Agordoh (1994), each deity has its own type of music, which interests him more or which is of its own taste. In relation to this, Nketia (1963) also said that among Asantes, deities are supposed to be sensitive to the words of music and would come down to see their children if they hear music they like (Nketia 1963). Wilson (2006) also posits that praise music is sung to please the spirits in order for them to leave the patient.

Music in traditional Africa according to Nzewi and Nzewi (2007), is the science of being; the art of living with health. Nzewi et al (2007) further postulate that music is the intangible resonance of which the human body and soul are composed; the body is the quintessential sound instrument; the human soul is the ethereal melody. Hence, Diallo and Hall state that the musician needs to create a dialogue between the sounds he produces and the responses of the person he is treating (Diallo & Hall 1989).

In the words of Aluede (2006), not all disorders require music therapy. Music can calm neural activity in the brain, which may lead to reductions in anxiety, and that it may help to restore effective functioning in the immune system partly via the actions of the amygdale and hypothalamus.

2.5.4 Verbal Art Relating to Traditional Medication

Boateng (2004:4) said, “Verbal Art involves prayers, exclamations, spells, invocations and incantations which are used to venerate, placate or coax the gods, the spirits and the ancestors”. Appiah (2004) affirms that verbal art includes invocations and storytelling. Osei-Agyeman (1990) also noted the use of prayers to accompany libation in Kwahu in his study.

In administering traditional medicine, special forms of languages are mostly essential in communicating to the spirits whose assistance is sought for in the treatment of the patient. The language associated may be found in prayer, incantations and invocations to the respective deity. The prayers and invocations are mostly in unique artistic expressions that relate to medicinal practices and have within them, proverbs and idiomatic expressions.

This involves requests or desires aimed at influencing a power considered as supernatural (Benton, 1972).

According to Borokini and Lawal (2014), before a herbalist plucks a leaf that has an active spirit, the herbalist has to recite some prayers otherwise the herbs would not work.

2.6 Theories of Traditional Medicine Administration

Although Traditional Medicine is based on the accumulated experience of ancient Africans, it is a unique complete medical system, resting upon a solid coherent theoretical basis. Its method of transmission by word-of-mouth has hindered emergence of generally accepted theories and hence of the systematic development of the Traditional Medicine as a self-regulating profession (Okpako, 1999). Traditional medicine according to Bing and Hongcai (2010) provides an integral framework for understanding, interpreting, and organising interventions in the human health-disease process. Unlike Western biomedicine, which focuses on structural changes in the body and alterations in the chemical composition of blood and other tissues, the emphasis of traditional medicine theory is in alterations of function (Lozano, 2014).

One major theory of the traditional medicine is the holistic approach. With the holistic medical approach, practitioners believe that the whole person is made up of interdependent aspects (physical, spiritual, moral, and social) and when these parts function together harmoniously, a person will be in good health. But if one part is not working properly, all the other parts will be affected (Dhwty, 2015). In this way, if people have imbalances in

their lives, it can negatively affect their overall health. Based on this belief, healers do not view illness as just a physical disorder but consider the whole person (that is, the body, the mind, and the spirit) in the quest for optimal health and wellness. The primary goal of the holistic theory is by gaining proper balance in life (Mohan, 2017). Chilson (2014) confirms that all indigenous medicine is based on the understanding that man is part of nature and health is a matter of balance. Henderson (2014) further established that the holistic theory is underpinned by the concept that there is a link between our physical health and our more general 'well-being'. In a holistic approach to medicine, there is the belief that our well-being relies not just on what is going on in our bodies physically in terms of illness or disease, but also on the close inter-relation of this with our psychological, emotional, social, spiritual and environmental state.

Furthermore, the holistic theory combines many health modalities and models of health care with the goal of helping the patient or client achieve optimal physical, mental, emotional, social, and spiritual health (Klinghardt 2005). The ultimate goal of holistic medication is to use all the available diagnostic and treatment modalities to optimise the health of the person on all levels of well-being, without doing harm to the person. The premise of holistic medicine is to attempt to treat the patient as opposed to the illness. Traditional healing uses the holistic approach or model to health care.

Another theoretical foundation of Traditional Medicine is the social causation theory. Social causation theory according to Young (2007) is the origin of illness that results from social conditions and social interactions. Twumasi (2006) also stated that social issues can cause illness and can also produce social stress. The traditional healers tend to use social analysis in arriving at diagnosis and therapeutic schemes, in the use of herbs and charms as well as a dose of social counselling and advice. Social causation theory states that a disordered social relationship can affect the well-being of an individual, lowering his capacity to stay well. The individual is expected to live in harmony with his relatives, with his community and with his environment. Any disorganisation in the social environment is seen as disruption thus causing an illness (Twumasi, 2006).

Moreover, explanatory theory influences health seeking behaviour and health service utilisation in a society (Okello & Neema, 2007). In the words of Kleinman, Eisenberg and Good (1978), healing cannot be talked about in the abstract; it must be anchored in particular social and cultural contexts. In each society, there are beliefs about illness,

treatment alternatives, the sick and practitioner roles, and health care-related institutions organised as a cultural system.

Moreover, with conspiracy theory, there is a belief that some covert but influential organisation is responsible for an unexplained event. Barkun (2003) contended that conspiracy theory relies on the view that nothing happens by accident, nothing is as it seems, and everything is connected. In accordance with this theory, traditional medicine practitioners involve indigenous herbalism and African spirituality, typically involving divinations to treat all kind of diseases. In some of the healing processes, the traditional healer prepares items including white clay with some herbs for the sick person to apply on his or her body for a number of days. This is mostly what is done for those with skin diseases according to White (2015). The concept behind this theory is reflected in Genesis 2:7. Their view is that the human body is made out of the dust or ground, therefore, if the body has any problem, you would have to go to where it came from to fix it. This could also be likened to John 9:6–7, and Mark 8:22–23, when Jesus Christ mixed his saliva and clay for healing a blind man. The use of clay and herbs is also sometimes used for preventive rituals. There are special herbs for preventive rituals. When the sick person applies the herb and the clay on his or her body, it prevents the spirits behind the illness from attacking the patient (White, 2015).

The point we need to take into consideration in any discussion of Traditional Medicine is that, traditional healers capture the essence of traditional societies, and as long as traditional societies exist, traditional medicine or its functional equivalent will not fade away from Ghana because it is performing crucial socio-cultural and medical functions (Twumasi, 2006).

2.7 Humoral Theory of Medicine

According to the humoral theory, the human body is filled with four basic substances, called humors, which are in balance whenever a person is healthy. The humoral theory of medicine focuses on the balance between the four basic substances which are black bile, yellow bile, phlegm, and blood in the human body. For instance, being hot, cold, dry or wet disturbs the balance between the humors, resulting in disease and illness. This theory is established on the belief that God and demons are not responsible for causing illness or punishing the patient, but the outcome of the illness is attributed to bad air. Lindemann (2010) also contended that diseases could also result from "corruption" of one or more of

the humors, which could be caused by environmental circumstances, dietary changes, or many other factors. Practitioners who perform humoral medication focus on restoring balance between the four humors since they strongly believe that diseases and disabilities result from an excess or deficit of one of the humors. Wittendorff (1994) closely linked the humoral theory to the theory of the four elements, which are; earth, fire, water and air. According to Wittendorff, earth is mainly present in the black bile, fire in the yellow bile, water in the phlegm, and all the four elements are present in the blood.

2.8 Disease Theory

According to Mbiti (1990) and Chavunduka (2009), Africans' general theory of illness is very broad, and includes 'African theology'. This theory endeavours not only to explain illness and disease but also the relations between God and the universe. Diseases in Africa are mostly attributed to a variety of spiritual or mechanical forces. Diseases are sometimes interpreted as a punishment by God for sinful behaviours or the result of an imbalance in body elements. The Greeks on the other hand related disease to the natural environment or the way in which human populations live and work.

The germ theory states that there is one single specific cause of every disease. This is termed as one to one relationship between the causative agent and disease. This theory explains the origin of infectious-communicable diseases caused by micro-organisms. These micro-organisms too small to see without magnification, attack humans and other living hosts (Gooch, 2011). Accordingly, not everyone who is exposed to disease becomes affected by the agents (micro-organisms). This means it is not only the causative agent that is responsible for disease but there are other factors also, related to man and environment which contribute to diseases. The germ theory also states that the cause of illness results from contact with tiny, invisible organisms rather than an unclean or impure essence (Green, 1999). This theory does not attribute disease to taboos violation, misfortunes and avoidance of certain behaviours.

Moreover, biopsychosocial theory according to Santrock (2007) and Engel (1977) is a general concept or approach that states that biological, psychological and social factors, all play significant roles in human functioning in the context of disease or illness. To understand disease, traditional health practitioners take into account social and psychological factors, because the healers are interested in a whole range of social factors (Twumas, 2005). Health is best understood in terms of a combination of biological,

psychological, and social factors rather than purely in biological terms (Engel 1977). The biopsychosocial approach states that factors that possibly influence health outcome exist at many levels of organization, and require systematic scrutiny at those levels to detect which factors indeed play a significant role.

2.9 Theories of Art in Relation to Traditional Medicine

These theories of art attempt to understand the essence of art in traditional medication. According to Morphy (2002), the term 'art' is apparently linked to European languages, being obtained from the Latin word *ars* or 'skill'. The Western notion of art is difficult to transfer cross-culturally (MacClancy, 1997 & Morphy, 2002). The term art and its synonyms are not familiar within most African indigenous languages. The idea of traditional African art for merely aesthetic and gallery purposes is an imposed one (Ravenhill, 1987). In reality, 'artistic' elements in African traditional medicine are functional, and connected with rituals joined to indigenous cosmology or worldview.

Instrumental theory of art according to Smith and Simpson (1991) involves a practical interest in the purpose which works of art are considered or intended to serve and effects which are believed to flow from them. Instrumental theory of art features a message or purpose, as the goal of instrumentalism is to influence society. Throughout history, art forms have classically served a purpose in traditional medication. They have served as mechanisms or instruments to achieve these purposes. Instrumental theory of art extends the idea that objects of art are the ones that serve their purpose best in the society (Maitland-Gholson & Keifer-Boyd, 2000). In this way of thinking, objects of art used in the administration of traditional medicine, play a very vital role and cannot be exempted. In relation to this, Guerra (1995) stated that the artist's role should be similar to a shaman's, which artists should be using their work to heal physically, psychologically, emotionally and spiritually of the world and of all its inhabitants. Instrumentalists believe that art should lead to some social good.

Moreover, the need to express things in life according to Amenuke et al (1991) gives rise to the symbolism theory of art. Most forms, colours, shapes and ideas used by the traditional healers are symbolic. In the words of Ngangah (2013), it is very difficult to isolate African traditional medicine from the gamut of other customary practices and beliefs such as ancestral veneration, belief in the cyclical nature of life and the unbroken communion between the dead, the living and the unborn. Ngangah further established that

the African traditional healers and their clients evoke and utilise symbolic art forms to restore physical, mental and spiritual problems. Some symbolic modes such as cowries, libation, amulets and prophetic utterances are very significant in traditional medical practice. The traditional healers in our societies understand the meaning of these art objects and symbols, therefore handle them in a special way.

2.10 Deprivation Theory

The conjunction of spirit possession with oppressed or vulnerable persons has produced theories. Deprivation theory is one of such theories. It is a view of social changes and movements, according to which people take action for social change in order to acquire something (for example, health, opportunities and wealth) that others possess and which they believe they should have. According to Gale (2005), deprivation theory begins with the assumption that possessions are abnormal behaviours and result from social, physical, and mental deprivations. This theory explains why people join social movements or advocate social changes. For instance, people join in the movement of traditional medication or divination in order to acquire something (for example healing and status) they believe others possess. Critics claim that deprivation theory does not explain why some people join movements that apparently do not benefit them directly.

From a feminist perspective, Gale (2005) stated that deprivation theories are suspect, and a revaluation of spirit possession. Gale further suggested three revolutions in deprivation theory which are: (1) The cross-cultural and trans historical prevalence of accounts of spirit possession present a familiar rather than an exotic model of religious subjectivity to most human communities across the broadest spectrum of history; (2) the capacity to be possessed by an ancestor, deity, or spirit is best approached, and (3) possession is the formal root of religious experience in general, in that, spirit possession is exemplary of the situation in which humans negotiate with a will that is not of human origin. Boddy (1989) argue that, as an ability, like musical or athletic ability, although in the case of spirit possession, it is likely that the person being possessed does not choose to develop the ability to receive the spirit but rather cannot choose otherwise in the face of the spirit's demands.

2.11 The Performance Theory

Performance is an activity done by an individual or group in the presence of and for another individual or group (Schechner, 1988). Nrenzah (2015) also defines performance as

activities that are consciously produced and are meant to bring abstract ideas to reality by involving the spectators. Schechner (1995) also enlightens that it is important to develop and articulate theories concerning how performances are regenerated, transmitted, received and evaluated. The main argument is that performance is not only a province of the stage, but of everyday life, and is a cross-cultural phenomenon.

Performance theory is the study of performances and the use of performance as a lens to study the world. According to UKEssays (2013), performance theory is founded on certain key principles. These include 'presentation of self', 'restored behaviour' and 'expressive culture' (which incorporates social drama as well as rituals). Schieffelin (1988) also points out two ways in which social science has used the notion of the theory of performance; according to Schieffelin, the first is symbolic or aesthetic activities, which include ritual, dramatic and folk artistic activities. These are enacted as intentional expressive productions in established local genres. The second is the symbolic interactionist school and with this the focus is on performativity itself.

According to UKEssays (2013), performativity is something that pervades the fabric of the social, political and material world. It is an inherent part of what constitutes power and knowledge. For instance, teaching and political speech-making illustrate performativity. Schieffelin and Kurita (1988) further substantiated that human consciousness, culture and social reality are basically articulated in the world through performative activity. Such activities include gesture, facial expression, bodily posture and action. There are reasons behind every activity or performance depending on the situation, the purpose and what the person intends to achieve. Schieffelin claims that performances are meant to uncover something for the participant to consume or receive, as well as to experience.

“Performativity is everywhere; in daily behaviour, in the professions, on the internet and media, in the arts and in the language” (Schechner, 2002: 110).

Performance can be termed as a relative concept that when clearly defined could be applicable to different situations, whether at the theatre or at the religious setting or in or everyday activities. It is the pillar around which almost all life activities of indigenous religions revolve. Performance as a theoretical tool is useful in analysing activities of the traditional medicine practitioners. According to Schechner (2002:175), performing in everyday life involves people in a wide range of activities from solo or intimate performances behind closed doors to small group activities to interacting as part of a

crowd. Schechner (2002: 143), further established that in performance studies “performing on stage, performing in special social situations (public ceremonies, for example), and performing in everyday life are a continuum.”

2.12 Cultural Performance Theory

According to Littlejohn, Stephen and Floss (2009), cultural performance theory is an approach for understanding culture within the activity of everyday life. The theory of cultural performance was proposed by Milton Singer. This theory was adopted by anthropologists and folklorists to refer to a unit of analysis to circumscribe "plays, concerts, and lectures . . . but also prayers, ritual readings and recitations, rites and ceremonies, festivals, and all those things we usually classify under religion and rituals rather than with the cultural and artistic" (Singer 1972, p. 71). This concept of cultural performance is fundamentally similar to what Turner (1990) calls social drama. Cultural performance theory serves as a means of placing culture at the centre of hegemonic or social context. Stephen et. al (2009) highlight that cultural performance theory explores the relationship between the foundations of human experience. The extension of sacrifices and ritual performance to the indigenous and contemporary life has its most extensive expression in cultural performance.

Cultural performance theory is identified as the root issue, the binary opposition between theory and practice by providing a model of communicative practice in which culture and performance are inextricably joined and integral to the communal experience of everyday life (Stephen et. al, 2009). Turner's model for cultural performance in complex societies also proposes that the performance event can be parsed into rituals and other cultural activities (Turner, 1990).

2.12 The Philosophical Paradigm Underpinning the Research

The study which seeks to unearth the role of art and cultural components of traditional medical practice employed the interpretivist philosophy of research since it is a form of social enquiry and focuses on the way people interpret and make sense of their experiences and the way in which they live. This philosophy involves interpreting elements of the study and also integrating human interest into the study. The interpretivist philosophy of research looks for culturally derived and historically situated interpretations of the social life-world (Crotty, 1998). Similarly, the interpretivist philosophy challenged the researcher to enter the social world of the traditional healers to bring out the art forms and cultural elements

displayed in administering traditional medicine and also understand and interpret the practitioners' world from their point of view.

Moreover, this philosophy made it possible for the researcher to understand and interpret the cultural, historic and social constructed nature of traditional medicine administration in the Ashanti Region and realise that art forms, cultural values and the integration of human interest are part of the administration process. Accordingly, Myers (2008) states that interpretive researchers assume that access to reality is only through social constructions such as language, consciousness, shared meanings, and instruments. The interpretivism philosophy helps to acquire knowledge which is socially constructed rather than objectively determined and perceived (Carson et al., 2001).

Another reason for using interpretive philosophical paradigm is that, it's the popular method that researchers who want to understand the practices, rituals, interactions, and experiences of people implement for their studies (Angen 2000). Interpretivist philosophy of research also made the researcher to remain open to new knowledge throughout the study and let it develop with the help of the informants. The use of such an emergent and collaborative approach is consistent with the belief that humans have the ability to adapt (Hudson and Ozanne, 1988). Primary data produced through interpretivist research philosophy are associated with a high level of validity because data in such studies tend to be trustworthy and honest. This compelled the researcher to adopt the interpretive philosophy of research.

2.13 Theoretical Framework for the Study

A theory is a set of interrelated concepts devised to explain, predict, and understand phenomenon and, in many cases, to challenge and extend existing knowledge within the limits of critical bounding assumptions (Labaree, 2013 & Imenda, 2014). Theoretical framework on the other hand is a theory about aspects of human endeavour that can be useful to the study of event (Brondizio, Leemans & Solecki, 2014). Labaree (2013) also explains theoretical framework as the structure that can hold or support a theory of a research study. The theoretical framework demonstrates understanding of theories and concepts that are relevant to the topic under study and that also relate to the broader areas of knowledge being considered.

However, in every research work, it is very significant for the researcher to consider the theory or theories that underpin the knowledge base of the phenomenon to be studied. The

Functionalist theory of art and the Personality disease theory have been thus selected by the researcher. These theories were selected to guide the researcher in the interpretation of the results and also connect the researcher to existing knowledge.

According to Fokt (2015), the core of functionalist theory lies in the claim that arts (visual, body, performing and verbal) are functional in virtue of a distinctive function they fulfil in the society. The function of art is, broadly speaking, to fulfil people's needs (for instance health, aesthetic etc.) in the society. The concept of 'function' is often employed and sometimes defined in such a way that it only relates to how artefacts can be used to satisfy physical and spiritual goals (Crilly, 2010). Graham-Pole (2000) states that art forms such as pictures, amulets and talismans worn as bracelets or necklaces or pinned to clothes provide protection against illnesses and evil spirits that can cause severe infirmities. In traditional medical practice, every artefact or activity in the administration processes is functional for the stability of the whole. When one part of the components is not working or is dysfunctional, it affects all other parts making the medical administration ineffective. Within functionalist theory, the different art forms displayed have particular psychological or physical consequences for healing and protecting the client. In terms functionalism, as implied in this thesis art and cultural elements only exist because they serve a vital role in the functioning of the medicine and if they are not incorporated in the administration processes the traditional medicine may not be effectual.

The study is founded on the functionalist theory of art for the reason that, art forms are very critical in traditional medication and have the power to stabilise, heal and protect the client. In affirming this, Twumasi (2005) and Chavunduka, (2009) contended that the potentiality of traditional medicine is derived from the art forms underlying the practice since traditional medicine and the art forms are intricately linked and inseparable.

As pointed out earlier, another theory underpinning this study is the personality disease theory. This theory is made up of the following components: personalistic and naturalistic. The personalistic aspect attributes illness to acts or wishes of other people or supernatural beings and forces. In this regard, the personalistic component of personality disease theory blames illness on agents (often malicious) such as sorcerers, witches, punitive, ghosts or ancestral spirits. There is no room for accidents. Adherents of personalistic theory believe that the causes and cures of illness are not to be found only in the natural world. Healers usually must use supernatural means to understand what is wrong with their patients and to return them to health (Oneil 2006).

Furthermore, the Naturalistic aspect of the personality disease theory on the other hand assumes that, illness is only due to impersonal, mechanistic causes in nature that can be potentially understood and cured. Naturalistic aspect links illness to agents that bear no personal malice toward their victims. Thus, illness is attributed to organisms (e.g. bacteria, viruses, fungi or parasites), accidents or toxic materials and is largely devoid of magicospiritual rituals and other spiritual entities like witches, ancestors and ghost.

The study is also established on the personality disease theory because; traditional medicine practitioners of Africa have diverse approaches towards illness and healing.

Some practitioners' administration of traditional medicine is free from spiritual entities, and the use of the naturalistic theory to approach the illness. Other practitioners believe strongly that illness and misfortunes arise from the actions of sorcerers, deities and ancestral spirits and diagnosis, prevention and elimination are in a form of magic or religious healing art. In regard to this, Swell (2008) recapped that no single theory of health care is capable of meeting the entire range of human needs at the time of illness and disease. This theory will aid the researcher to identify and discuss the various art forms and cultural activities that are displayed in both the naturalistic and the personalistic administration processes. In spite of this study, the functionalist theory and the personality disease theory will serve as a pivot guiding this research.

2.14 Conceptual Framework

Conceptual framework is a network, or a plane, of interlinked concepts that together provide a comprehensive understanding of a phenomenon or phenomena (Jabareen, 2009). According to Miles and Huberman (1994), conceptual framework “lays out the key factors, constructs, or variables, and presumes relationships among them”. Miles and Huberman further established that conceptual framework can be narrative or graphical showing the key variables or constructs to be studied and the presumed relationship among them. Fisher (2007) contends that a good conceptual framework must also be expressed in writing for clearer understanding.

Based on the two main theories underpinning this study, the researcher has created a framework which shows the key cultural components of tradition medicine administration. This framework was created in order to show the artistic and other cultural elements associated with traditional medicine administration. On the diagram (Fig. 1), the researcher assumes the artistic and cultural concepts underpinning the administration of traditional

medicine. Moreover, he presumes that the artistic and cultural elements can provide a viable remedy in administering Asante traditional medicine in the Ashanti Region of Ghana. Figure 1 shows the conceptual framework created by the researcher for the study;

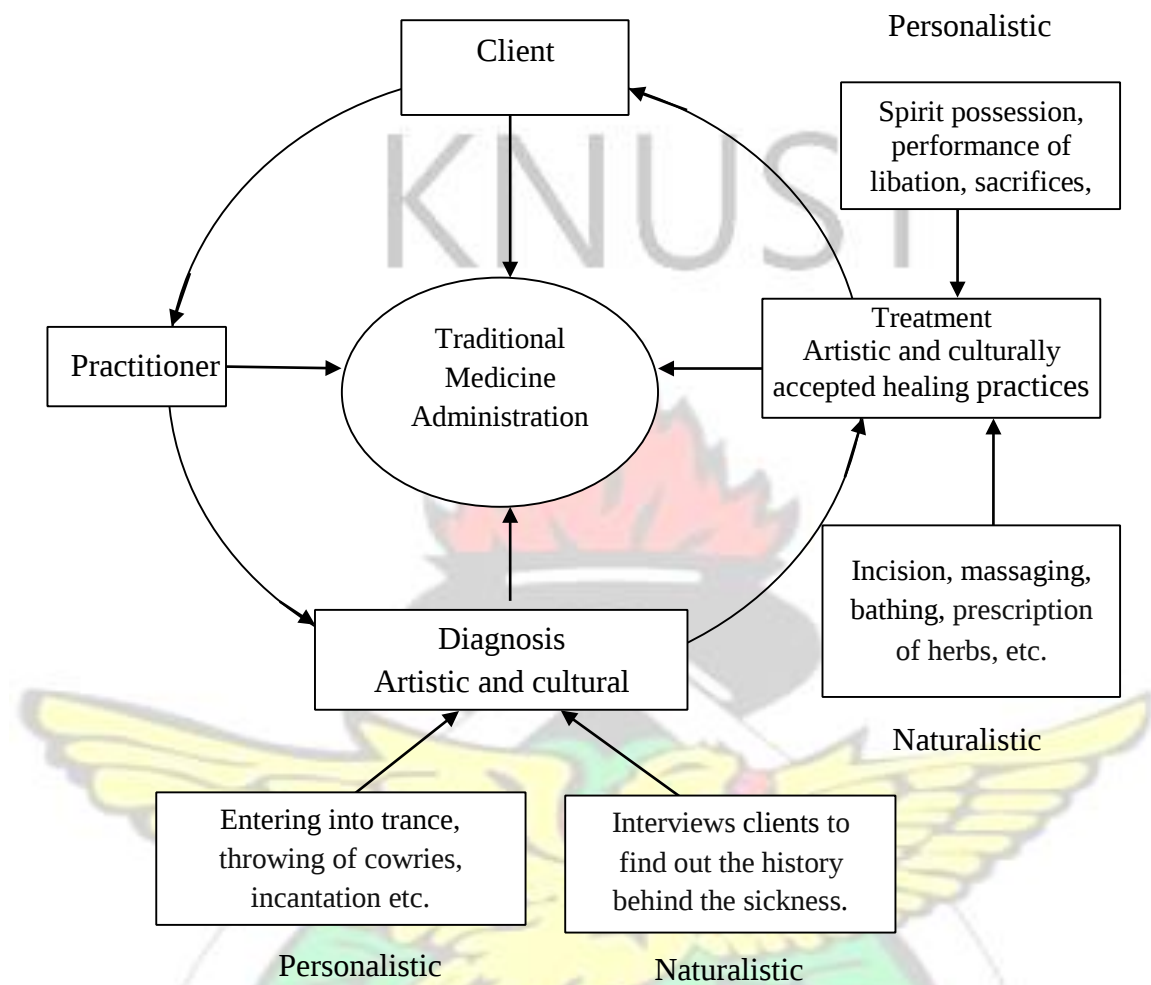


Fig. 1: A Conceptual Framework for Traditional Medicine Administration

Source: Constructed by the researcher for the Administration of Traditional Medicine

From the above framework, it can be observed that the client having identified imbalance in the body consults the traditional healer. The healer first diagnoses the client to find out what really is wrong. Some of these traditional healers use only naturalistic approach while others use both approaches (the personalistic and the naturalistic) to diagnose the client. Afterwards, possible treatments are given to solve the problem for the client. Here, the two approaches are again considered i.e., the naturalistic and the personalistic. All these processes or activities come together for the traditional medicine to be completed or achieve its efficacy.

2.15 Summary of the Chapter

This chapter has reviewed the relevant literature for the key concepts in this study. Both the theoretical and empirical variables have comprehensively been reviewed. It has further brought to bare the academic vacuum that this research intends to fill. The review of related literature has led to the fact that the arts and cultural elements are prominent in the administration of traditional medicine although the writers have ignored to appreciate them. The chapter has also comprehensively dealt with the conceptual framework and the theoretical frameworks. The next chapter provides detailed account of the methodological approaches that aided the researcher in answering the research questions.



CHAPTER THREE

APPROACH AND METHODOLOGY

3.1 Overview

This chapter aims at discussing how the entire research was conducted. It provides the different procedures and techniques employed in ascertaining reliable data for successful accomplishment of the entire research work.

The methodology was very helpful to the present researcher because it enabled him to efficiently draw out the essential information for the success of the study. It also helped the researcher to perform the necessary analyses and discussions of the data. The methodology also assisted the researcher to arrive at informed conclusions, answer research questions and finally offer useful recommendations.

This chapter therefore highlights the following subheadings; Research Design, the Population for the Study, Sample and Sampling techniques, Data Collection Techniques, means of ensuring the reliability of the data gathered for the study, and the Data Analysis Plan.

3.2 Research Design

The research design provided the overall structure for the procedures that the researcher followed to fulfil the purpose of the research. Research design can be thought of as the logic or master plan of a research that throws light on how the study is to be conducted. Research design according to Creswell (2009) is the plan of the entire research work giving the detailed methods of the data collection, data analysis and interpretation. Similarly, Agyedu et al. (2007) and Mouton (1996) also view research design as the overall plan employed by the researcher to obtain answers to the research questions and maximise the validity of the findings. Trochim (2006) opines that research design serves as glue that holds the research work together. A research design can be termed as an action plan for getting from here to there, where 'here' may be defined as the initial set of questions to be answered and 'there' is some set of answers or conclusions (Yin, 2003).

In this study, the researcher employed qualitative research design. The qualitative research design seeks to collect an extensive amount of data from a small number of participants through interviews and observation (Moriarty 2011). Qualitative study requires reflection on the part of the researchers, both before and during the research process, as a way of

providing context and understanding for readers (Sutton & Austin, 2015). In qualitative research design, interpretative narratives are constructed from the data to capture the complexity of the phenomena under study whilst helping the researcher to judge the effectiveness of policies or practices (Leedy & Ormrod 2010). It also organises the data in small forms that give coherence, and verbal descriptions that portray the situation studied.

3.2.1 Validation of Research Design

The qualitative research helped the researcher to understand the social and cultural contexts within which the traditional healers live and also to capture expressive information about beliefs, values, feelings and motivations that underlie traditional medicine administration (Myers, 2009).

The research design selected also aided the researcher to study the traditional healers in their natural settings and to make sense of, and also to interpret their administration process in terms of the meanings people bring (Lincoln and Denzin, 2003).

According to Domegan and Fleming (2007), qualitative research aims at exploring and discovering issues about the problem at hand, because very little is known about the problem. Due to the usual uncertainty about the administration of traditional medicine, the use of qualitative research was adopted to systematically describe, analyse and interpret insights discovered in the administration process.

Many scholars like Domegan and Fleming (2007), Henning, Van Rensburg and Smit (2004), Lincoln and Denzin (2003) argue that human learning is best researched by using qualitative research. Kaplan and Maxwell (1994) argue that the goal of understanding a phenomenon from the point of view of the participants and its particular social and institutional context is largely lost when textual data are quantified. In selecting a research methodology, Guba (1981) suggests that it is proper to select that paradigm whose assumptions are best met by phenomenon being investigated” and because this study is about human learning and interpretation of phenomena in their natural setting qualitative research design was largely employed by the writer of this thesis.

3.3 Research Methods

Research Methods according to Walliman (2017) are the techniques for conducting research. The research methods employed in successful accomplishment of this study are descriptive study, case study and phenomenological study which are under the qualitative approach.

3.3.1 Descriptive Study

Descriptive research according to Fox and Bayat (2007) aim at casting light on current issues or problems through a process of data collection that enables them to describe the situation more completely than was possible without employing this method. Descriptive research specifies the nature of a given phenomenon (Osuala, 2005). Sellgren (1991) also explains descriptive research as a factual, accurate and systematic research of a phenomenon being studied.

3.3.1.1 Validation of the Descriptive Study Approach

The descriptive research was found appropriate for the study simply because it helped the researcher to examine the art and cultural elements of Asante traditional medicine administration and described clearly what was encountered. Descriptive research also made it possible for the researcher to give vivid account of some traditional medicine practices, oral traditions such as incantations, music and other art and cultural elements employed by the traditional healers in their administration of medicine in the Ashanti Region.

3.3.2 Case Study

A case study is a research approach that is used to generate an in-depth, multi-faceted understanding of a complex issue in its real-life context (Crowe, Cresswell, Robertson, Huby, Avery & Sheikh, 2011). According to Fraenkel et al. (2012), case study seeks to understand a case in all its parts, including the inner workings because the researcher is primarily interested in understanding the specific situation in detail to shed more light on it. The case study approach is particularly useful to employ when there is a need to obtain an in-depth appreciation of an issue, event or phenomenon of interest, in its natural real-life context for a definite period of time using multiple research collecting procedures (Crowe et al, 2011). This method also makes careful inquiry, critical analysis or investigation and examination of a case or an issue with the aim of seeking reliable facts to help correct, verify, devise, improve practices, decisions, attitudes and knowledge (Kumekpor 2002).

3.3.2.1 Validation of the Case Study Approach

The reason behind the use of case study was that the researcher engaged in conducting an in-depth investigation into the art and cultural ways of administering traditional medicine and the strategies that can best help improve the negative perception associated with the

traditional medication of Asante medical practitioners. This approach again permitted the researcher to study six medical centres in the Ashanti Region in order to find out the artistic and cultural elements displayed in their administration process. According to Leedy & Ormrod (2010) and Fraenkel et al. (2012), when only one area is studied, the findings may not be very accurate to generalise other situations. According to Yin, case studies can be used to explain, describe or explore events or phenomena in the everyday contexts in which they occur.

3.3.3 Phenomenological Study

Phenomenology according to Cohen (2002), is a theoretical point of view that advocates the study of direct experience taken at face value and one which sees behaviour as determined by the phenomena of experience rather than by external, objective and physically described reality. Phenomenological study is also a design of inquiry coming from philosophy and psychology in which the researcher describes the lived experiences of individuals about a phenomenon as described by participants (Creswell, 2014). According to Sauro (2015), phenomenology is a direct investigation and description of phenomena as consciously experienced by people living those experiences. Phenomenological findings explore not only what participants experience but also the situations and conditions surrounding those experiences. Creswell (2014) established that this type of study is the search for the central underlying meaning of the experience that emphasises the intentionality of consciousness where experiences contain both the outward appearance and inward consciousness based on the memory, image, and meaning of some phenomena. This research type is used to study areas where there is little knowledge (Donalek, 2004; Guerrero-Castañeda et al., 2017). Finally, phenomenological study attempts to understand how participants make sense of their experiences (Mohajan, 2018).

3.3.3.1 Validation of the Phenomenological Study

Phenomenological study was employed to describe the meaning for several individuals of their lives experiences of traditional medicine administration and describing what all the participants have in common as they experience the administration processes (Creswell, 2012). The phenomenological study made it possible for the researcher to use a combination of methods, such as conducting interviews, reading documents, visiting places and events, to understand the meaning participants place on the traditional medicine administration. It also helped the researcher to build sufficient data set to look for emerging

themes and to use other participants to validate his findings. Phenomenology attempts to set aside biases and preconceived assumptions about human experiences, feelings, and responses to a particular situation. It allowed the researcher to delve into the perceptions, perspectives, understandings, and feelings of those people who have actually experienced the traditional medication.

3.4 Library Research

The researcher consulted the following Libraries in order to collect relevant information for the study; Kwame Nkrumah University of Science and Technology Libraries, University of Education Library and Ashanti Libraries in Kumasi. In all these libraries, great effort was made to gather secondary data necessary for this thesis. A library often has valuable sources of information and offers expert assistance to researchers. It also provides a range of reference materials, such as books and magazines to the researcher.

3.5 Population for the Study

According to Agyedu et al. (2011), population refers to the complete set of individuals, objects or events having common observable characteristics in which the researcher is interested in studying. Leedy et al (2005) also define population as a group of people the researcher made inferences to during the study. Rubin and Babbie (2001) also describe the study of population as the aggregation of elements from which the sample is actually selected. The population for a study therefore is that group (usually of people) about whom we want to draw conclusions (Babbie, 2007). The traditional medicine practitioners, clients, shrine devotees, elderly men and women in the study areas formed the population for the study.

3.5.1 Target Population

Target population according to Fraenkel et al. (2012) is the actual population to whom the researcher would like to generalise but they are rarely available. Cohen et al. (2002) also explain target population as a group of individuals (or a group of organisations) with some common defining characteristics that the researcher can identify and study. Since this study focuses on the place of art and culture in Asante traditional medicine administration in the Ashanti Region and the strategies that can help improve the positive perceptions that exist about it, the target population for the study was traditional medicine practitioners, apprentices, shrine devotees, clients, vendors of traditional medicine, scholars and

experienced elderly people in the six (6) communities in the Ashanti Region of Ghana. These people were seen by the researcher as having enough knowledge and experience in the area of study. Again, institutions responsible for traditional medicine management were incorporated in the study. The target population was estimated at three hundred (300) for the study.

3.5.2 Accessible Population

According to Best and Khan (2006), accessible population is the realistic choice that the researcher generalises his findings to the entire universe. Castillo (2009) also contended that it is from the accessible that the researcher draws his sample for the study. The accessible population for the study was ninety (90). Out of the accessible population, eighteen (18) consisted of traditional medicine practitioners, apprentices and shrine devotees. Also sixty (60) clients, vendors of traditional medicines, elderly men and women who were knowledgeable in the field of traditional medication and who were above fifty (50) years of age and had availed themselves for the personal interviews and the Focus Group Discussion as well as twelve (12) Scholars who are knowledgeable in Asante traditional medicine, formed part of the accessible population.

3.5.3 Sampling Technique and Sample Description

Trochim (2006) defines Sampling as the process of selecting units (e.g. people) from a population of interest so that by studying the sample, one may fairly generalise the results back to the population from which they were chosen. Sampling is conducted in order to permit the detailed study of part, rather than the whole, of a population and the process by which the actual data sources are chosen from a larger set of possibilities (Ross, 2000; Babbie, 2007; Given, 2008). The sampling made it possible for the researcher to limit the study to a relatively small portion of the population.

The sample percentage is in line with Busha's and Harter's (1980) contention that for a quality research, thirty percent (30%) of the total respondents are accepted. Similarly, the rule of thumb sample size selection also states that a researcher carrying out a qualitative study must select 30% of a population of less than thousand (Puopiel 2014).

The researcher employed the multi-stage sampling method in order to reduce the bias in selection while maintaining true representativeness and accuracy in the sample (Nachmias and Nachmias, 1992). Snowball, purposive and the quota sampling techniques were used to select the sample for the study. In the selection process, the respondents were first

accessed by the help of the chain method. They were then purposively sampled and categorised into different strata due to their varied characteristics. The sampling design for the research is illustrated below;

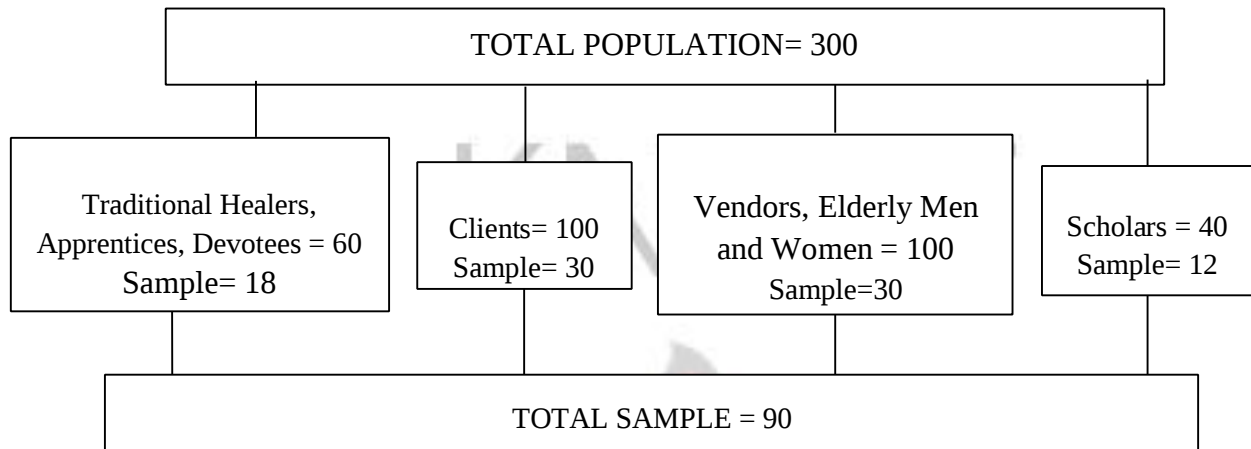


Fig. 2: Sampling Design

Source: Researcher's Construct from Sample Survey 2018

3.5.4 Snowball Sampling

According to Polit-O'Hara and Beck (2006), snowball sampling, which is also called the "chain method," is efficient and cost effective method of accessing people who would otherwise be very difficult to find. In snowball sampling, researchers identify a small number of individuals who have the characteristics in which they are interested. These individuals are then used as informants to identify, or put the researchers in touch with others who qualify for inclusion and these in turn, identify yet others (Louis, Keith, and Lawrence, 2000). Accordingly, Ahmadzadehasl and Ariasepehr (2010) state that snowball sampling is suitable to find unattainable populations. The snowball method not only takes little time but also provides the researcher with the opportunity to communicate better with the samples, as they are acquaintances of the first sample, and the first sample is linked to the researcher (Polit-O'Hara and Beck, 2006).

3.5.4.1 Validation of the Snowball Sampling Technique

Snowball sampling technique was adopted by the researcher for the recruitment of the study participants. This sampling technique was used to recruit hidden populations such as the medical centres which are well recognised by the Asante Kingdom and elderly persons who are experienced and very knowledgeable in the medicine. As a method of chain referral, snowball sampling has an interactional nature compatible not only with the study

of hidden populations, but also with the study of social networks (Noy, 2008). Snowball sampling helped the researcher to discover characteristics about a population that he was not aware of its existence (Stephanie, 2014).

3.5.5 Purposive Sampling

The choice of purposive sampling was to ensure that the researcher's sample would be tied to the objectives of the study so that he would think of and focus on the persons, places or situations that had the largest potential for advancing the researcher's understanding. Purposive sampling according to Leedy and Ormrod (2010) is a non-random sampling technique whereby people or other units are chosen for a particular purpose. Kumekpor (2002) also states that the main objective of purposive sampling is the process of selecting a portion of the universe such that the results drawn from them may or could be extended to the whole population. Kumekpor further established that the units of sample used in purposive sampling are intentionally selected because they possess the basic qualities under investigation which are not randomly distributed in the society. Moreover, purposive sampling technique involves identifying and selecting individuals or groups of individuals that are particularly knowledgeable about or experienced with a phenomenon of interest (Creswell & Plano Clark, 2011). The purposive sampling technique was used to select key informants for the study. Fraenkel et al, (2012) established that the researcher does not select whosoever is available but uses his judgment to select a sample he believes, based on prior information or distinct characteristics.

The purposive sampling was used purposely to select the following:

1. The traditional healers
2. The traditional medical centres
3. The Arts and cultural elements
4. Scholars who are knowledgeable in Asante traditional medicine
5. Elderly men and women

As stated by Sinclair, Tuke and Opiang (2010), a mere random selection of the sample from the local people will not furnish the researcher with the needed data necessary for answering the research questions. With regards to this statement, purposive sampling technique was employed.

3.5.5.1 Validation of the Purposive Sampling Technique

As pointed out earlier, according to Sinclair, Tuke and Opiang (2010), a mere random selection of the sample from the local people would not have furnished the researcher with the needed data necessary in answering the research questions. The traditional healers were purposely selected because they administer the medicines and they have ample knowledge on the topic under study. Moreover, they have extensive knowledge concerning the art forms and cultural elements displayed in the administration process.

The apprentice and the shrine devotees were also selected because they are the followers of the practitioners and they may know much about the medication and other ritual activities. In some cases, they may even know much more than some of the healers themselves. For example, when a priest or a priestess is possessed, the devotees will know certain things that the priest or the priestess will not know. They are also knowledgeable in the artistic and the cultural modes of their medication. These people were selected because the researcher believes they can enlighten him comprehensively on the issues.

Moreover, the researcher purposely selected the clients because, they have been going through the medical processes. They also know the taboos, norms, and values associated with the traditional medication. The vendors on the other hand were also selected because they have been selling the medicines and they know the positive things people say about the various medicines. They also know the taboos associated with these medicines and the practices one has to go through.

In addition, it was very necessary to include elderly men and women who are knowledgeable in traditional medication and their ages are fifty years and above. These people have experienced this type of medication before and have acquired much knowledge which can be shared. They know the positive aspects of this medication as well as the cultural aspects.

Scholars were purposely selected for the study due to their rich knowledge and their direct action for resolving problems of the society. As scholars, they revealed the measure that can help in projecting the positive aspect of the traditional medicine administration. The philosophical values of the cultural and artistic elements displayed in the administration process were also revealed by them.

3.5.6 Quota Sampling

Quota sampling according to Davis (2005), is a non-random sampling technique in which participants are chosen on the basis of predetermined characteristics so that the total sample will have the same distribution of characteristics as the wider population. Bailey (1978) also explained quota sampling as the nonprobability equivalent of stratified sampling. Like a stratified sample, a quota sample strives to represent significant characteristics (strata) of the wider population. It also sets out to represent the strata in the proportions in which they can be found in the wider population (Cohen et al., 2005).

3.5.6.1 Validation of Quota Sampling

For a better representation of the population, quota sampling technique was used by the researcher to sub-divide the population into smaller homogenous groups of four. The respondents selected for the study differ greatly in their literacy, beliefs, opinions and status. Although the sample was taken from a homogenous population, the total population categories of the four strata differ from each other. It ensured the presence of every subgroup of the population in the sample (Mohsin, 2016). Quota sampling was much useful for the study since access to the entire population was unavailable.

3.6 Research Instruments

Research instruments are measurement tools (for example, questionnaires or scales) designed to obtain data on a topic of interest from research subjects. Interviews, observations and focus group discussions were the main instruments designed and used to solicit data from respondents on their opinions relating to the major concerns of the thesis. Permission was sought from the Head of Traditional Priests/ Priestesses in the Ashanti Region as well as other Spiritual Healers through letters of introduction obtained from the Head of Department, General Art Studies, K.N.U.S.T.

3.6.1 Observation

Observation was one of the important survey instruments which was used to solicit data by the researcher. Agyedu et al (2011) refer to observation as using one's sense to see, smell, touch, occasionally taste and to listen to what is going on in a given social setting. According to Kumekpor (2002), observation brings the investigator into contact, in one way or the other, with the phenomenon being studied.

In this study, the researcher employed observer as participant and participant as observer methods of observation. With the observer as participant approach, the researcher was

known and recognised by the participants and in many cases, the participants were aware of his goals. Similarly, the present researcher, adopting what Cohen and Crabtree (2006) had explained about “observer as participant” had to assume a minimal role of involvement in the phenomenon he was studying, with his stance as a researcher known to the members of the group he was observing.

On the other hand, with the participant as observer, the researcher was fully engaged with the participants. He was more of a friend or colleague than a neutral party during his interaction with them, though they identified him as an observer who was observing them. In this study, an observation guide or a checklist was employed to conduct and record relevant information observed from the study areas.

3.6.1.1 Validation of the Research Instrument (Participant as Observer and Observer as Participant Observation)

The researcher used this observation because it gave him the chance to collect live information from live situations. Observation was also used by the researcher to assess the authenticity or otherwise of some of the data that he was not convinced about. Again, observation helped the researcher to explain clearly what goes on in the traditional medical centres in the Ashanti Region. Moreover, observation afforded the researcher the opportunity to experience the real emotions of the traditional medicine practitioners who were being investigated. Some of the things the researcher observed included the various art forms (smocks, *nnaa*, whisks, charms and others), rituals associated with traditional medicine administration and medical practices (For instance, how the deities are invited to possess the priests). Tape recorders, a digital camera and notes taking were used to enhance the recording of information from the activities observed.

The participant as observer method of observation assisted the researcher to gain a close and intimate familiarity with the traditional medicine practitioners and their practices through an intensive involvement with them in their cultural processes. This helped the researcher to better understand the respondents and their administration processes.

On the other hand, observer as participant method aided the researcher to play a neutral role as much as possible in the course of data gathering process. It also helped the researcher to monitor how rituals are performed to pacify the gods and ancestors in order for the victim to regain strength. In the course of this, the researcher and the shrine devotees

knelt down during some ritual performance at KuneGyendu Bongari and Asuo Abresua shrines.

The dual usage of observation in this research provided strengths that offset the weaknesses of both observer as participant and participant as observer approach.

3.6.1.2 Administration of Research Instrument (Observation)

The researcher first designed a checklist to guide him on the various items and scenes to be observed. Copies of the checklist were then given out to colleague students of Doctor of Philosophy and some senior lecturers at K.N.U.S.T to examine, correct and make constructive suggestions to improve it. The researcher then embarked on four visits to each of the selected medical centres. The researcher with the assistance of the medicine-men critically observed various artefacts and activities which had been mentioned in the checklist. The researcher unobstructively took notes, photographs and audio where it was permissible.

3.6.2 Interviews

According to Agyedu et al. (2007), interview is a face-to-face meeting between the questioner and a respondent, or an oral presentation of an opinionaire or attitude scale. Interview is often a two-person conversation initiated by the interviewer for the specific purpose of obtaining research-relevant information, and focused by him on content specified by research objectives of systematic description, prediction, or explanation (Cannell and Kahn cited by Cohen and Manion, 1994). Moriarty (2011) sees interview as a skilful art of asking questions about a subject or phenomena; it is conversational in nature. According to Genise (2002), Shneiderman and Plaisant (2005), the main advantages of interview method of data collection are:

- a) Direct contact with the users often leads to specific, constructive suggestions;
- b) They are good at obtaining detailed information;
- c) Few participants are needed to gather rich and detailed data.

Semi-structured interview guide was designed to solicit information from the respondents. According to Kumekpor (2002), semi-structured interview is considered appropriate because such form of interview is more flexible. Three forms of the semi-structured interview guide based on the four strata were designed for this study (See Appendix 2).

3.6.2.1 Validation of the Research Instrument (Interview)

The interview technique was very significant since most of the respondents had more to offer by way of talking than writing. It also helped the researcher to gain better insight into the motives of interviewees for certain metaphysical issues and foundations that underlie their activities. The interview approach again enabled the researcher to ask leading and follow-up questions to obtain more necessary information about the role of art and culture in the administration of traditional medicine in the Ashanti Region. According to Lindlof and Taylor (2003), interviews allow researchers to understand the social actors' experience and perspective. In the present study, all the interviewees' perspectives helped to enrich the data collection and analysis. In addition, the interviews permitted the researcher to check the accuracy of data, verify or refute the impressions he gathered through other methods of data collection. Moreover, the flexibility in the structure of the questions allowed the researcher to reshape the questions, generate ancillary questions as and when the need was, and toning the questions down to the distinctive understanding and grasping abilities of each of the respondents (Schuh & Upcraft 2001).

A total of thirty-two (32) Personal Interviews were conducted. Out of the 32, ten (10) traditional healers, eight (8) apprentices and shrine spokesmen were personally interviewed. Also four (4) scholars who know much about Asante traditional medicine and ten (10) elderly persons formed part of the thirty-two respondents who were interviewed. This method of the interview aided the researcher to solicit the views of these interest groups who were seen as knowledgeable about the issues under study (Kumekpor 2002; Fraenkel et al. 2012).

The researcher also employed focus group discussion to draw out respondents' attitudes, feelings, beliefs, experiences and reactions on the issue under discussion. It also helped the researcher to understand the participants' meanings and interpretations. Moriarty (2011) contended that a focus group not more than five members is more appropriate because each of the members in the group shared the same experience, had the same professional qualifications and interests. Based on this assertion, fourteen (14) Focus Group Discussion Interviews which encompassed twenty-four (24) respondents forming six (6) groups, twenty-two (22) devotees of the centres forming five (5) groups and twelve (12) vendors of traditional medicine consisting of three (3) groups were interviewed. This method helped the researcher to acquire great details about the phenomenon under investigation. Moreover, this form of interview produced much information because when an informant giving information forgets a salient point, the other members in the group acted as

prompters (Leedy & Ormrod 2010). A sample of the personal interviews and focus group interviews conducted is found in Appendix 2.

3.6.3 Administration of Research Instrument (Interview)

Interview guides were prepared and used by the researcher in order to solicit information from the respondents. The interview guides were first tested to find out if really the research would obtain the required information. Problems that were identified during the pretest were corrected. After seeking permission from the respondents, the personal interviews were audio recorded, whereas the Focus Group Discussion interviews were also video recorded. The video recording was more appropriate in the focus groups due to the difficulty in identifying the voices of the different respondents during transcriptions (Moriarty 2011). In view of this, the video recorder helped the researcher to identify the people and the statements they made.

Interviews conducted were mostly in Twi language especially with the chiefs, queen mothers, the sanctuary musicians and the priests and priestesses. Even the scholars interviewed were more expressive in the Twi language than English. The interviews were conducted at the respondents' workplaces, offices and homes.

3.7 Ethical Considerations

A letter of permission (see Appedix 1) from the Head of Department of Educational Innovations in Science and Technology was sent to the head of the traditional medicine practitioners (priests and priestesses) in the Ashanti Region (*Otumfuo's Nsumankwaahene, Baffour Asabere Kagyawoasu Ababio III*). Again, the researcher obtained the consent of all his respondents, whose contributions were voluntary because he gave them ample time to decide whether they would participate in the study or not.

Anonymity and confidentiality were observed as such, and the respodents were given identification codes such as TMAMC and TMAFC with figures 1, 2 and 3, etc. The participants were fully informed that the information they would give would be documented in a book for posterity. They were also told that their information would be produced in this thesis and its resultant journal publications. The traditional healers and their assistants were informed that their names would be attached to their pronouncements.

By permission, the researcher entered the shrines of the medicine men and he took pictures of the artefacts of their healing sanctuaries. He was allowed to observe and document their

healing rituals and practices. Also, the researcher was permitted to take photographs of the medicine men and their ritual performances. And above all, they were informed that the data collected from their healing sanctuaries would be used for the production of this thesis.

3.8 Data Collection Procedures

The researcher, having identified the exact places to collect data, made a schedule for visiting each healing sanctuary to accomplish his data collection. The visit was personally made by the researcher. A person-to-person method was adopted. He explained the need and the relevance for conducting the research to the traditional medicine practitioners, devotees and the elderly persons who were selected. This encouraged them to participate in the study by making time for the interviews. The respondents were given first-hand knowledge about the meeting, and appointments were booked accordingly. On the researcher's first visit, interview guides were given out to the respondents in advance to get their minds ready on what were expected of them. The researcher translated (to Twi language) what was on the interview guide to the respondents who were illiterates.

On the agreed dates set by the two parties (that is, the researcher and the respondents), the respondents were interviewed face-to-face at their respective workplaces, offices and homes. The results were also recorded by data collection resources such as digital cameras, video recorders, audio recorders, scanners and notebooks.

3.9 Duration of Data Collection

During the data collection process, it took the researcher seven months to carry out the observations as well as interviews at the medical centres. With the help of an audio recorder, notebook, digital camera and video recorder, the interviews, observations and the relevant data on the phenomenon under study were captured. In general, data collection for the study lasted for eighteen months.

3.10 How the Data were Secured

Research data which were collected via digital recordings on interviews, observation and focus group discussions were stored in a range of formats which were handwritten notes, digital recordings and computer files. Each mechanism for collecting and storing data posed particular problem with regards to security against unlawful access and use, prevention of accidental loss or damage, and eventual disposal. Moreover, regular backups of the files were made and stored at a safe place.

3.11 Location of the Data for the Study

Data were collected from the respondents who were engaged in the study. The traditional healers, the scholars, elderly persons, devotees, vendors of traditional medicine as well as the clients willingly produced vital information for the betterment of the study. The information was sourced through the use of the research instrument (interviews and observation). Secondary information relevant to the study was also solicited from the internet and the various libraries visited.

3.12 Admissibility of Data

The research set established standards for the validity of data. These standards aided the researcher to control the type of data that was admitted. For instance, only data that were vital for answering the research questions were admitted for the study. Data which did not meet the standard were excluded. This is because, data that are biased, incomplete or questionable corrupt the entire data set. The use of standardised data allowed for greater certainty in forming a conclusion that more closely appeared to be true.

3.13 Validation of Data

Internal and external validity were very relevant in evaluating the validity of the data collected. Internal validity according to McLeod (2013) is whether the effects observed in the study were due to the manipulation of the independent variable and not some other factor. In other words, there is a causal relationship between the independent and dependent variables. Internal validity of data is the extent to which the design and data of a research study allow the researcher to draw accurate conclusions about cause and effect and other relations within the data (Leedy & Ormrod, 2010). The Internal validity was achieved by controlling the extraneous variables and using standardised instructions. The triangulation approach was largely employed. Observation (participant as observer and observer-as-participant observations) were implemented to collect live information from live situations in the course of the study. Personal interviews and Focus Group Discussion interviews were also applied in answering the research questions for the study.

McLeod (2013) explains external validity as the extent to which the results of a study can be generalised to other settings (ecological validity), other people (population validity) and over time (historical validity). Similarly, Leedy and Ormrod (2010) define external validity as the extent to which the results of a research study can be applied to situations beyond

the study itself, thus drawing conclusions that can be generalised to other contexts. The external validity was achieved by investigating into the natural setting and using snowball, purposive and quota sampling to select participants. The participants selected for the study constituted an accurate and true representative sample of the population about which the researcher drew the valid conclusions from the study. Also, a collection of data for the research was limited to participants with a particular set of characteristics who assisted in realising the objectives of the study. The study provided rich, contextualised understanding of traditional medicine administration in the Ashanti Region.

Informants' feedback or respondents' validation was also employed by the researcher to improve the accuracy, credibility, and validity of the research data. The interviews and observations were painstakingly interpreted and discussed and the report was given to the traditional healers and the key members of the focus group (informants) in order to check the authenticity of the work. The researcher made use of the constant comparison technique (Thorne, 2000). This enabled him to piece together ideas extracted from other interviewees, which eventually aided the researcher to construct the thinking patterns of the informants (Billig, 1997). The researcher strived to build rapport with the interviewees in order to obtain honest and open responses. This allowed the participants to critically analyse and comment on the findings. Member check was employed to decrease the incidence of incorrect data and the incorrect interpretation of data. The overall goal of this process was to provide findings that are authentic, original and reliable.

3.14 Types of Data

According to Leedy and Ormrod (2002), data are a manifestation of truth. Both primary and secondary data collection procedures were employed in the study.

3.15 Primary Data

Primary data are information or document or records written and kept by actual participants or witnesses of an event (Best and Kahn, 2003). Primary data contain information that has not been accessed, analysed, evaluated, discussed and on which conclusions have not been drawn. The use of primary data enabled the researcher to acquire more accurate and unbiased information because it was directly collected from the population. The primary data were obtained through personal interviews and observation. The respondents who provided the primary data included traditional priests, elderly men and women as well as some traditional medicine practitioners in the Ashanti Region.

3.15.1 Secondary Data

Secondary data are information that has been processed. It has either been accessed or analysed, evaluated or discussed and conclusions have been drawn on them. This is opposite to primary data that is raw. The secondary data helped to improve the understanding of the problem and also provided a basis for comparison for the data that were collected by the researcher. The study consulted other written documents for information. They comprised information collected from library sources such as books, publications, catalogues, theses and brochures, as well as the Internet.

3.15 Data Analysis

Data analysis according to Thorne (2000) is the most complex and mysterious part of all qualitative studies, although it is the section that receives the least thoughtful discussion in literature. Awuah-Nyamekye (2013) also states that, data analysis is one of the most important aspects of a research work as it enables the researcher to make an original contribution to his or her chosen discipline.

The Interpretative Phenomenological Analysis was largely employed by the researcher in the data analysis process. This analysis aimed at exploring in detail how participants make sense of their personal and social world (Smith and Osborn, 2007). The analytical approach was phenomenological in that it involved detailed examination of the participants' life-world; it explored personal experience and was concerned with an individual's personal perception about the traditional medication. Through this approach the researcher was able to get close to the participants' personal world.

Moreover, multiple voices of the respondents were quoted and the data collected were interpreted, compared and contrasted. Various views of respondents were examined and analysed based on the basic principles of cultural anthropology. All the data collected from both the primary and the secondary sources were assembled, critically analysed, summarised and conclusions were drawn from them. Thematic content analysis based on the research questions were constructed; this involved analysing transcripts and identifying themes within the text, and it was used to evaluate the qualitative data obtained from the interviews (Barbour, 2001).

In answering the Research Question One which requires the identification of some traditional medical centres in the Ashanti Region, and description of their medical

practices, the researcher employed the narrative analysis method to analyse the data drawn from the various study areas. This method was adopted because it helped him to interpret stories that were told within the context of the research question that was posed. It also aided the researcher to make substantial and meaningful interpretations and conclusions of the data (Allen, 2017).

More so, in supplying answers to the second research question which was aimed at identifying and discussing the art and cultural element involved in administering traditional medicine in the Ashanti Region, the researcher interpreted the traditional medicine philosophies and the roles of the identified cultural and artistic elements in the traditional medicine administration. This was achieved by effectively and carefully analysing the identified arts and cultural elements by subjecting them to set standard. Raymond Williams' (1961) analysis of culture was employed. Cultural analysis helped the researcher to understand what the culture of the traditional healers is. This was achieved by analysing the cultural expressions and therefore reconstructing and interpreting their way of life (Tahhan, 2017). It also aided the researcher to interpret cultural representations and practices of the traditional medicine practitioners.

The last objective which also seeks to project the positive aspect of traditional administration was also thematically analysed. The researcher emphasised on pinpointing, examining, and recording patterns within the data gathered. In achieving this objective, he acquainted himself with the data collected and assigned preliminary codes to the data in order for the content to be discussed. He then created themes in the codes across the different interviews gathered. The themes were then reviewed and the report was produced.

3.16 Summary of the Chapter

This chapter has clearly discussed the methodology that was employed by the researcher in soliciting data from respondents based on the research questions. The research approach, research methods, data collection instruments, sampling design and data analysis procedures that were employed for accomplishing the study have been validated. The ethical considerations for the study with the consent and confidentiality have also been clearly expounded. The next chapter critically discusses the findings of the study based on the data gathered from the field.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1. Overview

In accordance with the objectives and research questions of the study, this chapter discusses the findings from the field. The key theme around which the discussion evolves is Asante art and culture in the administration of Asante traditional medicine in the Ashanti Region of Ghana. The chapter discusses the findings thoroughly in relationship with the review of related literature. The presentation and discussions of the study are sequentially and critically presented in this chapter. Issues such as; selected Asante traditional medical centres in the Ashanti Region and their medical practices, Asante art and cultural elements involved in administering Asante traditional medicine and the positive aspects of Asante traditional medicine have been discussed in this chapter based on the findings from the Observation, Personal Interviews and Focus Group Discussion interviews.

4.2 Results and Discussions on Objective One of the Study: Identification of selected Asante Traditional Medical Centres in the Ashanti Region and Description of their Medical Practices.

This objective has been discussed under two broad headings which are; identification of selected Asante traditional medical centres in the Ashanti Region and the medical practices of the identified centres.

The Ashanti Region is an administrative Region located in southern part of Ghana. This region occupies a total land area of 24,389 km². Ashanti Region is endowed with many medicinal plants that can be used in traditional medicinal practices. The region can boast of numerous traditional medical centres. The following traditional medical centres in the Ashanti Region were identified by the researcher: KuneGyendu/Bongari Shrine, Asuo Abereasua Shrine, Bokankye Akua Gyabon Shrine, Apomasu Kwao Shrine, Malam Abudu Herbal and Spiritual Centre, and Dr. Abban Traditional Herbal Centre.

The identification of the medical centres has been presented systematically and critically based on the framework in Figure 3. The framework constructed by the researcher agrees with Amenuke et al's (1991) steps of identification.

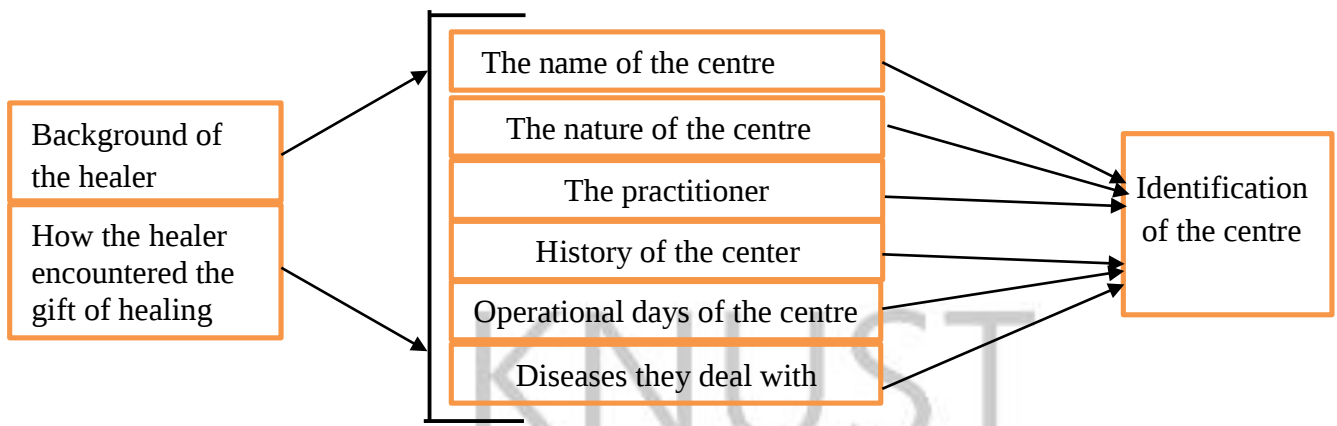


Figure 3: Framework for Identifying the Medical Centres

Source: Researcher's Construct 2019

Moreover, the medical practices of the centres provide health care services to all kinds of people. The medical practices of these centres are holistic. The holistic medical practices employed by the healers consider the whole person; body, mind, spirit, and emotions in the quest for optimal health and wellness. The core aim is to make the care of patients the first concern and place much emphasis on the patient gaining proper balance in life. In restoring the balance, the traditional healers focus on both the personalistic and the naturalistic components of the personality diseases theory as stated in the literature review by Oneil (2006). In this case, as may be recalled, healers usually must use supernatural means to understand what is wrong with their patients and to return them to health.

The medical practices of the various centres have been discussed under six main categories which are; Pre-Diagnosing, Diagnosing, Pre-Healing, Healing, Post Healing activities and Protection. The following are detailed presentations of the selected Asante traditional medical centres in the Ashanti Region and their medical practices.

4.2.1 KuneGyendu/Bongari Shrine

4.2.1.1 Identification of KuneGyendu/Bongari Shrine

KuneGyendu/Bongari shrine is located at Adwumakase-Kese near Faade in the Ashanti Region. The shrine is a large and an impressive complex, with well-painted and nicely maintained buildings where the priest, his spokesmen and family members live. Off to the left of the compound when entering is an uncompleted modern storey building with a mosque. The mosque which is a foreign product has been employed as a result of acculturation. On the same line is where the deities' (Bongari and KuneGyendu) temples

are located. While Gyendu's temple is an airy building, Bongari's temple is small in size and has poor air circulation (ventilation). Behind the building of the spokesmen are the apartments where patients are admitted till they regain their health. Patients and visitors who consult the shrine are received by the spokesmen at a reception which is nicely tiled. This whole area is in a countryside, full of trees with small houses.

The medical centre is managed by a chief priest known as Nana Akwasi Asare (See Plate 1) and assisted by three spokesmen (*Akyeame*) namely; Azawina Alhassa, Yaw Owusu and Ata. Nana Akwasi Asare, the priest of the shrine, has four wives and he is blessed with sixteen children. He is also a farmer who rears cattle, sheep, fowls, fishes and also grows some cash crops such as cocoa.

According to Nana Akwasi Asare (Personal Communication, 14th March, 2018), he was chosen and honoured with this gift by the deity (KuneGyendu) in view of the fact that his father and great grandfathers were traditional priests. Similarly, Coffie (1996) states that some people become "*akomfo*" on a hereditary basis. It can be concluded that some traditional priests are often selected from a priestly family. Nana Akwasi Asare further explained that, after his Junior High School education, the spirits took full possession of him and he was sent to the forest by them. Parish (2003), points out that in order to learn to communicate with the gods, each priest spends a considerable length of time in the forest outside the confines of every life in a liminal zone. Nana Akwasi Asare established that in the forest, he was taught about numerous medicinal plants and the kind of diseases which they could cure. After the spirits finished teaching him about the medicinal plants, they sent him to a priest of Gyendu shrine where he became very normal and started to operate as a full time priest. In a related matter, Parish (2013) stated that the medical knowledge the shrine priest possesses is obtained through the instruction of a practising diviner. It is true that in Asante, a priest or priestess who is a novice is trained by an experienced priest or priestess.

KuneGyendu is one of the witch-hunting gods (*abosom abrafo*) who is related to the Tano deity (one of the greatest gods of the Asantes) and works for people who have problems such as various illnesses. Nana Kwasi Asare also brought another shrine known as Bongari (*suman*) from the Northern part of Ghana. In further explanation, Pyne (2009) in his study revealed that anybody interested in the business of therapeutic practice can obtain a portion of the *abosom abrafo* from a renowned *Bosomfo* for a fee. Similarly, Atuahene (2010)

alludes that the *suman* can either be created or purchased. From the foregoing, it is evident that anyone can decide to own a witch-hunting deity only if the person desires.

The priest in charge of the shrine operates on Fridays and Sundays. These days, according to the priest, were selected by the deities. The centre treats both spiritual and non-spiritual diseases such as mental disorders and infertility problems. However, it was disclosed that majority of the cases that people bring to this shrine are spiritual ones. This centre does not charge fees but clients willingly promise what they will offer as a means of appreciation to the gods when their problems are solved.

This centre does not have any directional signboard or billboard to draw clients' attention to it but it was observed that a lot of people visit there. Plates 2a and 2b show some sections of the KuneGyendu/Bongari shrine.



Plate 1: Nana Akwasi Asare the priest of KuneGyendu/Bongari shrine Source:
Photographed by the researcher



Plate 2a



Plate 2b

Plate 2a and 2b: Sections of KuneGyendu/Bongari shrine

Source: Photographed by the researcher

4.2.2 The Medical Practices of KuneGyendu/Bongari Shrine

Below are the various medical practices employed by Nana Akwasi Asare of KuneGyendu/ Bongari shrine;

4.2.2.1 Pre-Diagnostic Ceremonies at KuneGyendu/Bongari Shrine

A day before each diagnostic ritual (Thursday and Saturday) at midnight, Nana Akwasi Asare, the priest of KuneGyendu/Bongari shrine performs ritual cleansing with water and other concoction in the temple. During this period, there is total abstinence from sexual activities which according to him is a great taboo to his medical deities. Libation is performed to invoke the deities and then commit the day's activities to them as well as the Supreme Being and the ancestors. The libation also obtains permission from all other spirits in the environment. According to Nana Akwasi Asare, he also offers libation to honour, acknowledge and seek support from the deities since their absence will make the work invalid. Libation performance according to the priest, connects him to the spiritual realm and draws benevolent spirits to him. The priest and his spokesmen further explained that, pouring out drinks to God Almighty, the gods and ancestors give them the chance to communicate with them. Similarly, Ahanyi (2012) affirmed that performing libation to the gods and ancestors makes it easier for them to communicate with the performer and also accomplish any other important tasks. Inferring from the above narration, offering libation paves way for the medical deities as well as the ancestors and other benevolent spirits to interact with the diviners and also answer their plea. Nana Akwasi Asare contends that in the course of the libation performance, he feels free to communicate with them.

Food such as bread, mashed yam with eggs and cola nuts, drinks, banana and uncooked eggs are also presented to the gods. The food is said to attract the medical deities and other benign powers into the sanctuary. At the shrine, it was observed that the foods which were given out to the gods some days back were still lying there unconsumed and decaying (See Plate 3a and 3b). Even though Ababio (2014) in his study suggested that the foods are spiritually consumed by the deities, there is no physical indication that the foods have been eaten by the deities. The foods which are always left untouched to rot and go waste are not only morally irresponsible, but also cause economic losses as well as severe spoilage.

More so, they arrange the chairs that will be used by the clients and invoke the security deities through libation performance to take absolute control of the shrine. Around 11:00 am, they set the stage for the drummers and singers. Shortly before the start of the day's diagnoses, the priest wears his smock studded with numerous charms. The shrine's orchestra plays some horrendous songs (sample of the songs have been captured in the second objective) for the purpose of inviting the medical deities to conduct diagnoses

through his (priest) medium. In the temple, the priest, the spokesmen and the elders of the shrine perform libation and ring a bell continuously to invoke the medical deity into his (deity's) medium. The moment the priest is possessed, the spokesmen help him to dress up since he quivers violently. The priest then wears his cap (which is also studded with cowries and other charms and believes to counteract evil forces and also help the priest to detect malevolent spirits who intend to hinder or prevent the medical process), he holds his whisk, puts on a special made necklace and other adornments. The possessed priest who is now referred to as the medical deity sits on an ottoman and is given alcoholic drinks, cola nuts and then starts to smoke. Then, he starts the diagnoses by calling out the patients following the queue.



Plate 3a:



Plate 3b

Plate 3a & 3b: Food presented to deities at KuneGyendu/Bongari Shrine Source:
Photographed by the researcher

4.2.2.2 Ways of Diagnosing Ailments in KuneGyendu/Bongari Shrine

In order to achieve total balance in the patient's life, this shrine employs spiritual and physical methods of diagnosing ailments and other problems. The diagnostic procedure of this particular shrine is orderly. As earlier pointed out, when a patient arrives at the shrine, he or she is received by one of the spokesmen at the reception. The client is then given a card bearing a number which determines his or her turn to see the priest. The diagnosis starts around 12:00 noon. The spokemen, and other officials of the shrine, including the secretary get seated in the temple while the priest is fully possessed. The duty of the

secretary is to take the history of every client who consults the shrine. The secretary with his knowledge in liberal art also documents every activity that they encounter as well as the medication given by the possessed priest (the deity).

The modes of diagnosing diseases and other problems in KuneGyendu/Bongari shrine include; diagnosing by the use of money, carrying the image of the deity, casting cowries, through trance and by gazing at the client. The details of these diagnostic methods are discussed below;

4.2.2.2.1 Diagnosing by the use of money at KuneGyendu/Bongari shrine

Interviews and observations revealed that Nana Akwasi Asare of KuneGyendu/Bongari shrine diagnoses various ailments through the use of money. In a related matter, Olagunju (2012) confirmed that diagnosing through divination or by spiritual means can be done through the use of money, sand, cola nut and other objects valuable to the deity or spirit.

When a client consults the shrine, the priest does not delve into the client's problem or reasons for consulting him but rather asks the client to take an amount of money (¢20.00) and whisper out his or her problem on it. This practice is very similar to what some Christians do when requesting for something from God. The elders of the church normally ask the congregation to verbalise all their problems on the money and offer it to the Lord and he will answer their request. It can be observed that there is a strong belief that spirits hear our requests when we speak through valuable items like money and gold and offer it to them.

After speaking on the money, it is then presented to the traditional priest (Nana Akwasi Asare) who at this time is fully possessed by his medical deity. The possessed priest just looks at the money and reveals everything the client said or requested: how the client got ill, people or a particular person responsible for the client's illness and also prognosticates what is ahead of the client. A typical example was what the researcher experienced when he wanted to dialogue with Bongari, the deity of Kune Gyendu/Bungari shrine at Adwumakase-Kese in the Ashanti Region. The researcher took an amount of money and verbalized on the money with a very low tone thus; "I want to see you and discuss with you how you diagnose and treat diseases". About an hour later, the money was presented to the possessed priest, he observed the money for some time and stated "*You want to see me and discuss with me how I diagnose and treat diseases?*" It is in this regard believed that it was the deity who spoke through the priest. This avowed to the fact that these

traditional healers with the assistance of the deities are able to diagnose diseases and see the future of people through the use of money and other valuable items of their interest.

All the testimonies that came from the clients as well as the researcher testify that the deity's means of uncovering the unknown through the priest by the use of money indeed is not manipulated in any way. Such act psychologically builds a very potent trust in the deity and his priest and also goes a very long way to attract more people to consult the shrine.

4.2.2.2 Diagnosing by Carrying the Image (shrine) of the Deity in KuneGyendu / Bongari Shrine

This is a way of consulting the spirit world to identify the cause of the problem and also to discover whether there is a violation of an established order on the part of the patient. Libation and incantations are made by the priest and the patient's reasons for consulting the shrine are presented to the deity. With the assistance of the spokesmen, the shrine of the deity which is housed in a brass pan is carried by the priest. It was revealed that the moment the priest carries the shrine of the deity on his head, the spirit of the deity takes absolute control of him and he starts to disclose hidden things associated with the patient. The shrine of the deity (which is housed in the brass pan for easy carrying) then gets stuck on the priest's head and nothing can separate it from the head unless the deity has finished operating. From the aforementioned, it can be deduced that mere human beings do not have the power to stop deities when they are operating through human beings. While the priest is possessed, he goes into trance and then becomes unstable and trembles. It may be that the spirit is too heavy to balance the priest's body weight. Through this activity, the deity unveils the cause of the problem through the priest.

Similarly, Okomfo Kofi Basoah of Asuhyiae Tano shrine and his spokesmen (Personal Communication, 20th September, 2018) also explained to the researcher how the priest (Kofi Basoah) diagnoses by carrying the image of his deity. According to the researcher's informants, after performing libation, three eggs are presented to the deity (Kofi Basoah's deity). With the assistance of the elders, the shrine of the deity which is housed in a brass pan is carried by the priest with the help of the spokesmen. The moment the priest carries the shrine of the deity on his head, he starts to quiver and behaves as if he is falling with the brass pan (containing the image of the deity) on his head as in the case of Nana Akwasi Asare of KuneGyendu/Bongari shrine. The spokesmen then help the priest to sit in an

asipim chair while the brass pan is on his head. It was revealed that he sits on the *asipim* chair, used by the Asante chiefs, because the deity is believed to be the King of the Atano gods. One of the spokesmen throws white kaolin or powder on him continuously while he is seated with the maximum support from the other spokesmen. The patient is then permitted by the elders to kneel before the possessed priest. The possessed priest then takes one of the eggs brought by the patient and moves it around him or her and critically observes the egg and starts to disclose the root cause of the ailment to the patient. From the above discussions, it is realized that even though there are similarities in carrying the image of the deities at the healing centres visited, it could be observed that there are slight differences in their acts. For instance, while Okomfo Kofi Basoah sits in *asipim* chair and diagnose with an egg, Nana Akwasi Asare starts diagnosing the moment he carries the shrine of the deity.

4.2.2.2.3 Casting of Cowries at KuneGyendu / Bongari Shrine

Throwing of cowries is another medium for diagnosing diseases and other problems at KuneGyendu /Bongari shrine. It was explained that before throwing the cowries, special incantations are invoked in order to salute and invite the spirits in charge. The study revealed that the number of cowries used depends on the instructions given by the dwarfs and the other spirits in control. Sometimes shells, money, seeds, dice, and other objects that have been appointed by the spirits to represent certain supermundane elements are added to the cowries. These cowries are sometimes cast on a prepared table or in a basketry tray and in some cases it is cast in a sacred circle of kaolin on the floor. In affirming this, Lindsay (2005) and Thorpe (1993) stated that in some African cultures, casting of cowries is performed, using sacred divination plates made of wood or performed on the ground, within a circle.

Nana Akwasi Asare (Personal Communication, 11th March, 2018) stated that the deity talks through the cowries to him when he casts them and he also has the power to read and interpret the meaning of each cowry depending on the pattern of its orientation. According to the priest, there are male and female cowries and they are consecrated before they can be used. The study revealed that healers who throw cowries to identify the cause of various diseases and misfortunes operate with the power of dwarfs and are initiated by them before they can cast the cowries.

Interestingly, if a patient doubts the result of cast cowries, he or she has the privilege to request the diviner to cast them again. For example, the patient may tell the healer that if his divination is authentic, he should let five of the cowries intersect. And surely five of the cowries will intersect to convince the patient. The throwing of the cowries helps the medicine-man to determine the root cause of diseases especially those that emanate from spiritual means.

4.2.2.2.4 Diagnosing through Trance at KuneGyendu / Bongari Shrine

According to Nana Akwasi Asare, (Personal Communication, 11th March, 2018), he sometimes enters into trance when a patient is brought to his shrine. While he is in trance, words spoken by him are noted in a book by the secretary of the shrine as pointed out earlier. This is because when he is out of trance, he cannot remember a single word he said. The pronouncement made during this time is usually bizarre and unclear as observed by the researcher on the 18th of March, 2018. The practitioner uses this medium not only to diagnose illness, but also to find the necessary treatment.

The practitioner while in trance is thought to link up with his divine being and the spirit of the sick person to find out the one responsible for the problem or the root cause of the illness. In the course of this, the divine spirit narrates the root cause of the illness through the practitioner, and indicates as well the sacrifices necessary to appease the gods. This piece of information is also acknowledged by Sofowora (1993) in his study of Medicinal Plants and Traditional Medicine in Africa Spectrum.

The informants of the present researcher were absolutely convinced that the trance is indeed helpful in diagnosing diseases and other problems at the shrine. Ten (10) of the healer's clients, representing 100% of those interviewed about trance, stated emphatically that the deity through the priest was able to uncover the unknown about their problem through this means. In a testimony to prove a point, a member of a focus group discussion had this to say;

I and my husband brought our daughter who had been ill for a year to this shrine some weeks ago. When the priest went into trance, he told us that the illness of my daughter was spiritual and he mentioned the one behind it. It was my junior sister who stays with us under the same roof. The deity instructed us to perform some rituals when we went home. We did what we were instructed to do and my junior sister started shouting 'I will say, I will say everything'. She stated that she was behind my daughter's illness. According to her, she was being whipped by some spirits and was shouting

all over the house. I brought her here and she was freed and my daughter too regained her health. We are even here to thank the priest and his god for what they have done for us. Look, my brother I will not waste my time here ooh if he is not potent (TMAFC 1, Personal Communication, 18 March, 2018).

This and other experiences shared by the clients with the researcher confirmed their belief in the effectiveness of the deity's powers and their total trust in the priest and his deity. Testimonies like this attract more people to consult the god since many people have great trust in this kind of divination. This explains why many people consult diviners before taking any action in their lives.

4.2.2.2.5 Diagnosing by Looking into the Client's Face at KuneGyendu / Bongari Shrine

Looking at the client's face is also another way of identifying the root cause of diseases at Kunegendu/Bongari shrine. Nana Akwasi Asare (Personal Communication, 11th March, 2018) testified that in most cases, he looks at the face of the patient to identify the cause of his/her illness. He further established that it is not by his own doing but by the help of the gods. According to him, mostly the gods come and stand by him the moment the patient comes, and disclose to him the cause of the patient's illness. In some cases too, he sits in deep concentration, in front of the patient and through that the gods reveal to him everything about the patient. He does not do anything by himself, everything is done by the gods through him.

4.2.2.2.6 Diagnosing through Dreams at KuneGyendu / Bongari Shrine

According to Nana Akwasi Asare (Personal Communication 11th March, 2018), dreaming on the cause of a client's illness is very vibrant in traditional medication. In affirming this, Mettle – Nunoo (1990) stated that the deities teach and inspire through dreams and guide the traditional priest in his daily activities which include diagnosing various diseases. The priest (Nana Akwasi Asare) further stated that in most cases the gods and the ancestors come and divulge everything about the cause of a particular sickness to him through dreams. Scientifically, Freudian theory of dreams state that dreams reveal insight into hidden desires and emotions (Wilson, n.d). From the above assertion, it could be inferred that what the priest desires and thinks about is what he may dream of. But this may not

always be the case. One may also dream about something he or she has not thought about before.

The priest again declared that in most cases, the gods and the ancestors reveal to him the patient who will be coming to the shrine, the type of problem the patient will be coming with, the cause of the problem and how the problem can be solved. Sometimes, this information is revealed to him some days or even weeks before the person comes. One of his spokesmen stated that there have been several instances where the priest (Nana Akwasi Asare) tells them that a patient will be coming to the shrine and further states the type of illness the patient will be coming with.

The traditional healer again disclosed that he sometimes grinds some herbs and smears it on the patient's body and leaves him or her to sleep. In the patient's sleep, the cause of the patient's illness is revealed to him or her. A client who had such experience thus shared his sentiment;

I am someone who is doubtful, so when I came to Nana, he just ground some leaves and applied it on my body without asking me why I came to him. In the night, I dreamt and found out that it was my co-worker who had used sorcery on me. Everything on how he used it to cause my illness was revealed to me (TMAMC 1, Personal Communication, 18th March, 2018).

Similarly, Okomfo Ata (Personal Communication 3rd January, 2018) also made it known that sometimes he squeezes the leaves and drops the sap into the client's eyes and leaves him or her to sleep. In the course of his/her sleep, the root cause of the illness and anyone associated with the illness are revealed to the client.

4.2.2.3 Pre-Healing Activities at KuneGyendu/Bongari Shrine

The Pre-healing activities are often applied to personalistic diseases and they help the practitioners to have the assurance from the deity as to whether the ailment can be cured or not.

After knowing the problem and its causes from the deity, Nana Akwasi Asare with his spokesmen enquire from their medical deities if they can really help solve the problems of the clients. In most cases, a fowl is presented to the gods by slitting its throat. If the gods refuse to accept the fowl, it means the problem cannot be solved and for that matter the victim is asked to leave the shrine. His or her relatives are informed that where the victim's

soul has gotten to, it cannot be brought back, or they may be asked to consult another healer. If the deity accepts the fowl by allowing the fowl to die on its back with the chest and legs facing upward, it means he can solve the client's problem. According to Nana Akwasi Asare, the victim or the patient may then be asked to provide the necessary items to be used to heal him or her.

Moreover, the researcher's informants stated that after diagnosing, if it is revealed that the patient has sinned against a neighbour, he or she is instructed by the gods to go and express regret or apologies to the offended person. An instance was what the researcher witnessed at the KuneGyendu/Bongari shrine when a client was diagnosed and it came to light that the victim had offended and cheated a lady the victim promised to marry. The possessed priest instructed the victim to go and apologise before he could be healed. The researcher's informants added that sometimes, after apologizing, the gods instruct the victim to present to the fellow some gifts which may be eggs or a fowl, depending on the severity of the offence. The healer is to make sure the offended person has willingly forgiven the victim before herbs are given to him or her to take.

In some cases too, the offender and the offended are brought to the shrine and the traditional healer and the elders of the shrine sit them down and sometimes invite the deity through his medium to settle the matter. In some cases too, Nana Akwasi Asare and the elders settle the matter themselves. According to the researcher's informants, all the people around come together and plead on the victim's behalf and if possible compensate the offended person in order for him or her to willingly forgive the client before he or she is treated. Likewise, John 20:23 states that one's unwillingness to forgive makes it difficult for the offender to be forgiven by the Lord. It could be construed that when the offended individual is reluctant to forgive or exonerate, it makes it very difficult for the deity to cure the patient. It is for this reason that the deities through their priests or priestesses settle disputes in order to make it easy for the victim to be cured.

4.2.2.4. Methods of Healing at KuneGyendu / Bongari Shrine

The main healing practices that take place at KuneGyendu / Bongari Shrine are; magical healing, appeasing the gods, ancestors and other spirits, sacrifice and ritual treatment. This centre combines the physical and the spiritual ways of healing. Detailed explanations are given below;

4.2.2.4.1 Magical Healing at KuneGyendu / Bongari Shrine

Healing through the use of magical practice facilitates fast relief of a patient. According to Nana Akwasi Asare, he is also a priest of the Supreme God imbued with God's power to perform the same healing function like Christian pastors and prophets. According to Twumasi and Bonsi (1957), both the Christian Priest and the African Traditional or Indigenous Priest offer some form of cures to diseases employing supernatural effects. Nana Akwasi Asare further established that, even though medicine men and women worship through lesser deities, it does not mean their source of powers do not come from the Supreme God. He added that everything in this world was created by God the Supreme Being and no one else. In affirming this, Bongari, a deity when manifesting through his medium (Nana Akwasi Asare) (Personal Communication, 18th March, 2018) stated that when someone is doing anything favourable to him or herself, no one should talk against it because it comes from the Most High God.

Nana Akwasi Asare claims he cures diseases miraculously without applying any herb or medicine. According to him, he normally touches the forehead of the client with his three fingers and makes some incantations and instantly the client gets healed. Similarly, Sarpong (2002) explains that magical healers use words and objects to effect extraordinary things which include healing, keeping away evil and seeking the truth. Kaelin (2013) also claims that "Magical Healing" is a plain, simple, practical presentation of a mental system of healing. One can use it to heal himself or herself and others by the power of one's directed will, without the use of any substance or agent and even at great distances. From the preceding assertions, it can be stated that some psychological healings are achieved without any spiritual assistance only when the practitioner has a valuable psychotherapeutic function.

A respondent disclosed the following to the researcher:

I have been coming to this shrine because I stay around and also I'm a friend to Nana. One day I came to Nana with a severe headache, it wasn't easy for me at all. I thought Nana was going to give me some herbal concoction to drink but he just touched my forehead with his fingers for some time and instantly I got healed (TMAMC 2, Personal Communication. 18th March, 2018).

From the foregoing, it is clear that the respondent has built a strong trust in the priest. The respondent went to the priest believing that he was going to be healed and it could be stated that he was healed based on his faith in the priest. Furthermore, the priest contended that it is the power the supreme God has given him that helps him to relieve people from their pains and worries.

4.2.2.4.2 Healing by Appeasing the Gods, Ancestors and other Spirits at KuneGyendu / Bongari shrine

Another interesting method of healing at KuneGyendu/Bongari shrine is appeasing the gods, ancestors and other spirits. According to the researcher's informants, this act is done according to the severity of the illness, by either sacrificing an animal or by performing libation or both. The ritual articles usually used for this activity include animals (such as dove, cat, dog, sheep, and fowl), schnapps, *akpeteshie* (traditional liquor), and sometimes eggs. While some appeasements call for schnapps only, others call for schnapps and fowls; some also demand sheep, schnapps and fowls; also, others require eggs, sheep and schnapps (Ababio, 2014). In various cases, the victim is asked to buy the ritual items for the process as mentioned by the gods or the spirits through the priest. However, most sacrifices observed by the researcher were those of fowls and sheep during the period of the study.

Libation and prayers are performed to propitiate the deity on behalf of the victim in order for the spirits to forgive him or her of all the outrageous acts caused, and to restore the patient's health. The study revealed that after the prayers and the libation have been performed, the feet of the fowl are washed to show their reverence to the deity before the fowl is slaughtered. Immediately it is slaughtered, it is thrown for it to fall and struggle. When the fowl struggles and dies on its back with the chest and legs facing upward (*dane ne yem*), it means the deity has accepted their plea and the sheep can also be slaughtered.

If the fowl does not turn its chest upside but rather turns it down (*butu*), it means their request is not granted so there is no need to slaughter the sheep. Another instance witnessed at Subri shrine at Adwumakaase-Kese also revealed that when the deity accepts their request, one of the kidneys of the sacrificed fowl turns black but if the kidneys remain in their original colours, it means their petition has not been accepted and for that matter another fowl is supposed to be slaughtered. In the presence of the researcher, two fowls were slaughtered before the deity accepted the request. The respondents also revealed that

if the deity does not accept the fowl, they kill as many as possible and plead alongside the sacrifice to influence the deity to accept the plea. However, it is sometimes said that the deity refuses to accept the plea, in spite of the numerous sacrifices. It could be noticed that killing a number of animals is just destruction of livelihood. We should not forget that animals are not ours to be experimented or abused in this way (Williams, 2012). For ethical treatment, the golden rule that says do unto others as you want them to do unto you must be extended to all living beings.

If a sheep is to be used for the sacrifice, it is carried on shoulders or on the back of the neck of one of the spokesmen before it is slaughtered. This act according to Nana Akwasi Asare is to show the respect and reverence they have for the deity. In the course of slaughtering, the blood is made to spill on all the shrines representing the gods (See Plate 4) but if the animal is too big to be carried for the blood to spill directly onto the images, the blood is collected with calabash and then poured on the images of the gods (See Plates 5 and 6). Parts of the animal including the tail and liver are cut into seven pieces and are presented to the deities (See Plate 7). Afterwards, the patient kneels down as the priest performs libation to show gratitude to the gods for accepting the sacrifice.

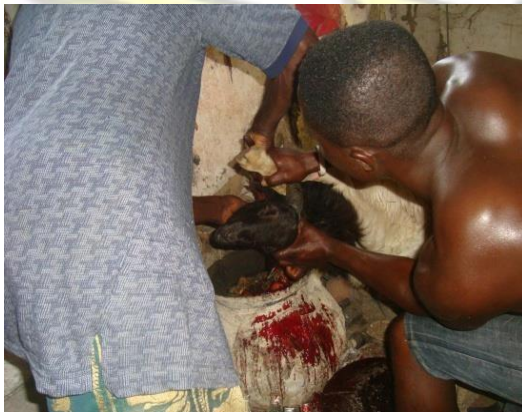


Plate 4: Blood dropping on the shrine of deity at KuneGyendu/Bongari shrine



Plate 5: Collecting blood with calabash the at KuneGyendu/Bongari shrine

Source: Photographed by the researcher



Plate 4: Spilling blood on the shrine at



Plate 7: Presenting meat to the deity at

KuneGyendu/Bongari shrine

KuneGyendu/Bongari shrine

Source: Photographed by the researcher

4.2.2.4.3 Sacrifice and Ritual Treatment at KuneGyendu/Bongari Shrine

Discoursing further on healing, Nana Akwasi Asare pointed out that sacrifice and ritual treatment is one of the ways through which healing takes place at KuneGyendu/Bongari Shrine. At this centre, sacrifice occupies a unique place in the daily healing activities. The respondents attest to the fact that in spiritual healing, special sacrifices are made before the patient gets healed. In a related instance, Onwuanibe (1979) contended that contact with the spirit world through divination often requires not only words, but also sacrifice in order for the patient to be healed.

The items mostly used for the sacrifices include a sheep, fowl, schnapps, cow, dogs, cat, doves and eggs. The researcher observed that these items are normally used because they contain life and spirit and for that reason can replace the life of people. According to the respondents, the items used for the sacrifice may differ from one person to the other even if their problems are the same. These items are sometimes requested by the spirit causing the illness through the deity who was consulted. When the patient is able to provide these items, the deity consulted, directs the priest to perform the necessary rituals and sacrifices on behalf of the patient for him or her to get well. The animal is slaughtered and some parts like the head and legs are given to the deity through the image representing him (See Plate 8). Olupona (2014) in his study also found out that sometimes animals are slaughtered or buried alive in order to save the soul of a person at the point of death. From the above discussion, it can be perceived that when someone is spiritually ill, health can be regained when another life is offered or sacrificed.

After the spiritual restoration, the patient undergoes a physical form of treatment such as drinking some concoction and massaging.



Plate 8: The head of a fowl presented to a deity
Picture taken by the researcher

4.2.2.5 Post Healing Ritual at KuneGyendu/Bongari Shrine

At KuneGyendu/Bongari Shrine, Nana Akwasi Asare pointed out that when a client is totally cured, baptismal rite which involves sprinkling herbal concoction on the client, is performed to seek protection for the client. According to the researcher's informant, at the shrine, the baptism cleanses the client from all bad and unclean things he or she has done. Afterwards, the client is believed to be a new being and completely prevented from witches and evil spirits which cause mishaps and other spiritual attacks. In bringing this to mind from the Holy Bible, baptism is done to purify the individual from all sins committed and prevents such a person from all spiritual attacks. It can be construed from the above statements that the moment one is baptised in this shrine, the deity takes absolute control over the person's body, spirit and soul since the individual from the day of baptism has been spiritually bonded to the deity. In a similar matter, Osei-Agyeman (1990) pointed out that patients are baptised through lustration and are initiated into the cult to enable the deity to protect them.

More so, the elders of the shrine including the priest, advise and counsel the patient in order not to fall into such trouble again. In some cases, charms are given to the patient to be worn. It was revealed that special rituals are sometimes performed at the residence of the patient in order to thwart every evil spirit that may intend to harm or bring back the ailment. The rituals include performance of libation and burying of charms at the patient's residence.

4.2.2.6 Protective Rites in KuneGyendu / Bongari Shrine

Protecting and preventing clients from witches, wizards, perpetrators, diseases, misfortunes as well as unexpected tragedies are very essential in KuneGyendu/Bongari shrine. According to Bongari the deity (when he was possessed by his medium), God the Supreme Being brought him to Africa and for that matter Ghana to help people in diverse ways, that is to protect man from evil attacks and deliver man from all kinds of illnesses, calamities and unexpected mishaps (Personal Communication, 18th March, 2018). One respondent stated that:

My family members wanted to kill me because they said I had taken over their land which was not true. But when I came to this shrine to seek for protection, now I can confidently say I am fully protected from all the evil attacks. My people who wanted to kill me hide themselves when they see me coming (TMAMC 3, Personal Communication, 18th March, 2018).

In the course of protection, some combination of herbs, roots and other substances are burnt together into *moto* (spiritually prepared black powder) and are applied on an incised body to protect the client from all kinds of ailments and other spiritual attacks. According to the respondents, the *moto* can also be mixed with food for the client to eat or drink. Bongari the deity (when manifesting through his medium) made it known that *moto* is his body and anyone who eats it is free from all spiritual or evil attacks. Recalling from the Holy Bible, Jesus Christ said the Lord's Supper is His body and blood and anyone who takes it has everlasting life, free from all spiritual diseases and evil attacks. It can be stated that anyone who takes the *moto* of a deity is attached to that particular deity and protects the person everywhere he or she goes. It can also be interpreted that anyone who eats or drinks *moto* from a deity has eaten the body of the deity and that individual has spiritually been bonded to that particular deity.

Moreover, talismans and other charms are worn as necklace, bracelet, and armlet, around the waist of the client and also on the finger as rings to protect clients. Similarly, Olagunju (2012) in his study of the traditional healing systems among the Yoruba found that some charms can be worn at the neck, waist and the arm to energise and protect people from all kinds of evil attacks. In corroborating, Diallo (1996) in his study also brought to light that most men carry amulets to ensure their potency.

According to the researcher's informants (Nana Akwasi Asare and his spokesmen), these charms in some cases are attached to specific places such as on the doors or doorsteps of a house and also at the work place. They further added that the charms can also be buried in the ground near a house or a shop. The charms can again be hung from the ceiling of a house, suspended in a pot over the door or fastened to the walls of a house to protect the client from ailments and all evil attacks (Borokini, & Lawal, 2014).

The study also brought to light that the trinket or charm can be put in a pomade for the client to smear on the body. It can also be made into soap for the client to use in bathing in order to protect him or her from diseases and other attacks as affirmed by Olagunju (2012) that a traditional medicine is mixed with native soap to be used for washing or bathing.

Another means of protecting the client according to the practitioner is bathing the client with specially prepared herbs. With this method, a mixture of herbs and other substances are boiled together in water. According to Nana Akwasi Asare, when the boiled concoction reaches a boiling point of 100°C, he uses it to bath the client. According to Asawina (one of the spokespersons of Bongari shrine) and Nana Akwasi Asare, while bathing the client with the hot concoction, persons around may see the concoction as very hot but it turns very cold when it gets to the client's body. After this bath, the client is fully fortified against all spiritual diseases and other evil attacks.

Moreover, herbs and other substances are burnt together and the mixture is put in either a baseless pot or bucket. The baseless pot or bucket is then filled with water and hung up from the ceiling or a branch of a tree. If the water and the medicine remain in the bottomless pot or bucket without falling, then it means the client is fortified and fully protected from diseases and evil attacks, but if the items filled in the bottomless pot or the bucket fall, it means the client has a very weak soul and cannot be protected in that manner (Nana Akwasi and Okomfuo Ata, Personal Communication, 15th February, 2018).

More so, the deity mostly requests for a cutlass from the client seeking for protection. This cutlass is used to protect the client especially at midnights.

A respondent from the field stated:

I was experiencing some strange diseases which led me to this shrine. When I came, I was informed by the deity through the priest that I had been bewitched by some family members. The deity through his priest told me to buy a cutlass which would be used for my protection. I bought the cutlass

and since then I always hear my dog backing every deep night. The deity informed me through his medium that he had been coming to my house but how he got to know my house, I didn't even know it. Since then, all my problems have been solved and I'm free (TMAMC 4, Personal Communication, March, 2018).

4.2.2 Asuo Abereasua Shrine

4.2.2.1 Identification of Asuo Abereasua Shrine

Asuo Abresua shrine is located at Ahwerewam in the Ahafo Ano North District of the Ashanti Region. Ahwerewam is about twenty minutes drive from Pokukrom near the Kumasi - Sunyani road. This centre is found at a suburb known as *Asikafo Amantem* at the western end of Ahwerewam. It is fenced with wooden boards and a lot of medicinal plants are planted in the yard. Behind the shrine's yard are trees and other medicinal plants that form a canopy through which the Asuo Abereasua flows. On the right side of the shrine's yard when one enters is a small single house which is said to house the deity Asuo Abereasua and another deity called Kramo Seidu. Moreover, there are other two structures which are reported to be the dwelling places of some of the *abosom abrafo*. On the left side are also the priestess' room and other rooms for housing visitors and patients.

This shrine is under the custody of Okomfo Akosua Adutwumwaa (See Plate 9). She is assisted by Kwasi Owusu, a spokesman. Nana Akosua Adutwumwaa is married with four children. As a priestess, she is also engaged in farming activities. She has a cocoa farm, plantain farm and vegetable farm which earn her additional income.

According to Nana Akosua Adutwumwaa, she began her life as a Christian. One day, as she was coming from farm at Sankore in the Ahafo Region with her husband, an unknown spirit (deity) took full control over her and led her into a forest for three days. Similarly, Braffi (2008) gives an example of a girl who was seized by a spirit when she was gathering firewood in the bush. From the above example, it is obvious to state that a person may be subjected to possession by a deity when he or she is carrying out his or her daily activities. In corroboration, Coffie (1996) adds that this act may happen at any time. It could also be seen that Nana Akosua Adutwumwaa's way of selection by her god is similar to that of Nana Akwasi Asare of Kune Gyendu/Bongari shrine. It can be strongly argued that people are genuinely and divinely called as priests and priestesses by deities.

Moreover, when she was brought back by the spirit, she was sent to Ahwerewam and the elders of the town consulted and found out that *Asuo Abereasua* deity wanted to use her as

a priestess. Knowing this, she was sent to a high priest to be trained and was fully considered as a priestess. It is for this reason that Ekem (2008) writes that possession alone does not automatically make one a priest or priestess. Atuahene (2010) further explained that those possessed priests must undergo a period of training for them to be well prepared for the vocation. It is instructive from the above assertion that one becomes a priest or priestess with the title only after he or she has been initiated according to the precepts of the community he or she lives in.

According to the priestess (Nana Akosua Adutwumwaa, personal communication, 24th October, 2018), Asuo Abereasua deity originally came from Sankore in the Ahafo Region. History has it that Asuo Abereasua's first miracle was to help a woman to bring forth a child. The woman decided to go to this river deity to find out what was really preventing her from giving birth. The deity instructed the woman to wash her belly with some of the water. After doing that, she brought forth a baby boy.

Okomfo Akosua Adutwumwaa also claims she has brought additional deities aside Asuo Abereasua which she operates with. These deities are said to include dwarfs and Kramo Seidu who are believed to come from the Northern part of Ghana. Amponsah (2009) in his study also found that some priests and priestesses are operated by many spirits and they give them answers or solutions to the problems brought to them by their clients at different times. One of the priestesses (Okomfo Nana Serwaa of Akonedi-shrine, SokobanKrofrom) whom Amponsah (2009) allegedly interviewed, claimed that she had as many as over hundred (100) spirits that would possess her individually on different occasions.

This centre operates on Fridays, Sundays and on special days like *Fofie*, *Akwasidae* and *Awukudae*. It was explained that these days were chosen by the deities. This centre addresses both physical and spiritual problems which include healing of madness, epilepsy and others. The priestess claims to exorcise witch spirits from witches and deals with problems associated with childbirth. This centre also does not have any directional signboard or billboard. Plates 10a and 10b show pictures of Asuo Abereasua shrine.



Plate 9: Okomfo Akosua Adutwumwaa of Asuo Abereasua Shrine

Source: Photographed by the researcher



Plate 10a: the Compound of Asuo
Abresua shrine



Plate 10b: Consulting room

Source: Photographed by the researcher

4.2.2.2 The Medical Practices of Asuo Abresua Shrine

4.2.2.2.1 Pre-Diagnosing in Asuo Abereasua Shrine

According to Okomfo Akosua Adutwumwaa, a day before diagnosis, she wakes up at 12:00 midnight to set the shrine room. In the temple, the priestess cleanses herself with water which has not been touched by any man (virgin water). She then smears some concoction on her body and also sprinkles some in and around the temple. These activities

help to invite the medical deities and also drive away demons and all hostile sorcery that may challenge or thwart the medication. She therefore seals the purification by abstaining from sexual intercourse.

She provides for the deities their favorite meal which includes mashed yam with eggs, rice, toffees, biscuits, banana and soft drinks (See Plate 11). The mashed yam with eggs are mostly prepared for Asuo Abereasua (the river deity) and the rice, biscuits, toffees, banana, soft drinks like fanta and other sweets are also given to the dwarfs. The mashed yam and eggs are thought to be suitable offering to benevolent spirits. This activity is similar to that of Kune Gyendu/Bongari Shrine during pre-diagnostic performances. The food according to the priestess, are given to the deities in order to entice and give them strength to operate.

The priestess also sprinkles protective and expulsive concoction and fumigates guibourtia ehie (*εhyε*) in the temple in order to drive away malevolent forces. She employs creative poetic verbalization as well as libation characterised by graceful gesticulations to invoke the Supreme Being, ancestors, medical deities and other benevolent spirits to support her in the day's activities. She also performs libation to call on the medical deities and entrust the day's activities into their care and also seek for their protection and guidance on her behalf as well as that of the people who will be coming to the shrine. The priestess sometimes performs rituals on the various body charms she will be wearing for the day's diagnostic and curative activities.

In some cases, a day before operating, especially on *nnabone* (bad days), the priestess and her spokesman perform libation to invite the medical deities and also seek for their protection and guidance as stated earlier. After this, the shrine's ensemble sing, drum and dance till 2: 00 am to set the stage for the deities to come and operate through their medium.

Around 9:00 in the morning, the medical deity is invoked into Okomfo Akosua Adutwumwaa (the invocation of the medical deity has been explained in chapter four). The medical deity being invited determines the type of costume the priestess wears. When she is possessed by *Asua Abresua* (See Plate 12), she puts on grass skirt which is studded with charms and bells which are believed to invite benevolent spirits and expel malevolent spirits. She also covers her breast with a piece of cloth and wears a white headband made from calico which helps her to detect witches and other evil forces. The priestess wears charms around her neck, arms, knees, breasts and legs in order for her to be spiritually protected. She also holds a protective stick or flying whisk capable of driving away evil forces and sits on a stool or *asipim* chair and starts diagnosing.

She also puts on a smock and a cap when possessed by Kramo Seidu (See Plate 13). The priestess wears socks and shoes believing to attack and ward off evil spirits who operate through the ground. She holds a club and puts powder on her face. All these activities are means of protecting the priestess in order to achieve successful diagnosing and healing. She then sits on a mat and starts diagnosing in the manner described below.



Plate 11: Banana presented to the deities at Asuo Abresua Shrine

Source: Photographed by the researcher



Plate 12: Okomfo Adutumwaa in the costume of Asuo Abresua



Plate 13: Okomfo Adutumwaa in the costume of Kramo Seidu

Source: Photographed by the researcher

4.2.2.2.2 Modes of Diagnosing Ailments at Asuo Abereasua Shrine

The following are the ways of diagnosing diseases and other problems by Nana Akosua Adutwumwaa at Asuo Abereasua shrine;

4.2.2.2.2.1 Diagnosing with a Special Leaf at Asuo Abereasua Shrine

According to the priestess (Nana Akosua Adutwumwaa, Personal Communication, 24th October, 2018), early in the morning after setting the shrine room, providing the requisite food for the deities and accomplishing all the necessary preparations, she fetches a special leaf and puts it in her palm and while standing with the hand stretched forward, she calls the spirits to activate the leaf to function effectively in the diagnostic process. She then puts the leaf on her stool and sits on it or sometimes hides it around her to prevent people from seeing it. After this act, she is able to detect the root cause of every problem patients come with without the patients telling her. The priestess explained that the moment she sees the patient coming, she gets to know the entire problem he or she is going through.

All the officials of Asuo Abresua shrine were of firm conviction that diagnosing by the use of the leaf is very effective. Respondents' confirmation of this method of diagnosing is presented in Table 1 below. The Table indicates that out of the 10 elderly men and women interviewed at the shrine, eight (8) of them, representing 80%, affirmed that they had been informed and they knew that some traditional healers are able to diagnose and uncover the root cause of people's problems by the use of a special leaf. Two (2) of the respondents representing 20% also stated that they had witnessed such a diagnostic act by their close relatives who were traditional healers. All the respondents interviewed admitted their belief in this method of diagnosing.

Table 1: The numbers and percentages of respondents who claim to have witnessed diagnoses performed with the aid of leaves.

Confirmation statements	Number of Respondents	Percentage %
Have been informed by some healers	8	80
Have diagnosed with leaf before	-	-
Have witnessed this method before when we were akyeame	2	20
Total	10	100

Source: Fieldwork, October, 2018 (Researcher's Construct)

4.2.2.2.2 Diagnosing by the use of a Talisman at Asuo Abereasua Shrine The researcher's informant, Nana Akosua Adutwumwaa said that she sometimes diagnoses by wearing a specially prepared talisman (*bansre*) around her waist. The priestess added that this talisman has been empowered by the deities and it performs a lot of wonders. In a related case, George (2008) states that the secret powers and magical effects of amulets and talismans come from the special ritual done over them. It was unveiled that before

wearing the talisman, special incantations are recited over it in order to activate it. George (2008) further supported this claim by stating that the effectiveness of the amulets and the talismans depends on the incantations made during the ritual process. Inferring from the researcher's observations, the use of talismans bring about contact between the traditional healers and the divine beings.

According to Okomfo Akosua Adutwumwaa, with the talisman on her waist, she is able to reveal the problems affecting the people who come to her. The talisman when worn around her waist as belt, opens her eyes and gives her the power to see beyond the ordinary. In a similar but different dimension, Whitehurst (2016) opines that the use of a pendulum helps her to access the akashic records (a compendium of all human events, thoughts, words, emotions, and intent ever to have occurred in the past and present, and to happen in future.), or the omnipresent energy field that links everything about the client. Whitehurst explained that the pendulum tool helps her tune into the client's place and situation even when she is not in close physical proximity to the client.

One of the clients indicated how Okomfo Akosua Adutwumwaa asked him questions that surprised him when he went there because the priestess had not even met him before and did not even know the town in which he lived:

The moment I entered the shrine room, she pronounced my name and welcomed me with a beautiful smile, then she asked me, "Why did you fight your mother on Thursday three weeks ago? Now you are not in good terms with your mother. Your father even came in to resolve the issue but you didn't agree. Why?" I was shocked because all that she was saying was correct. I just had a very strong belief in her (TMAMC 5, Personal Communication, 17th October, 2018).

Such acts psychologically send a strong signal to the client making him or her believe every information given by the priestess. Okomfo Ata of Atwima Techiman in the Ashanti Region (Personal Communication, 3rd January, 2018) also testified that he had been diagnosing illnesses by wearing a talisman around his waist.

4.2.2.2.3 Staring at the Patient to Diagnose Ailment at Asuo Abereasua Shrine

Another means through which Okomfo Akosua Adutwumwaa diagnoses diseases and other problems is by just looking fixedly at the patient with her eyes widely opened. She stated that the deities had opened her eyes and ears to see and hear beyond the ordinary. Likewise, Parish (2003) in her study also found that special herbs are squeezed into the eyes and ears of the traditional priests and priestesses so that they can see and hear things

that an ordinary person cannot. This means of diagnosing helps the priestess to identify all kinds of problems the moment she sees the client. An instance was when Okomfo Akosua Adutwumwaa by just looking at a man disclosed to him that he had been cursed. The gods revealed through her to the man that he fought with his wife when the wife accused him of committing adultery with another woman. She further unveiled to the man that he whipped the wife with a paddle (*banku* paddle) and as a result, the wife called on a river deity to curse him while he was not aware of the curse. The man confirmed that the priestess' revelation was correct but declared that he did not know his wife had cursed him.

Moreover, Okomfo Akosua Adutwumwaa, in relation to Okomfo Akwasi Asare's declaration, stated that the deities mostly come and stand by her during diagnostic processes, and tell her hidden things about clients the moment she sees them. It is for this reason that Scott (2005) contended that the deities interact with humans in ways that carry humans to new level of consciousness beyond the grounded preoccupations of ordinary life.

4.2.2.2.4 Casting of Cowries at Asuo Abereasua Shrine to Diagnose Ailments

Throwing of cowries is also another lens through which diagnoses of ailments and other problems take place at Asuo Abereasua shrine. According to the priestess, when clients come to the shrine, she receives them and asks them about their reasons for consulting her. Cowries are then cast on a mat to find out the causes of the problems or the sicknesses the clients have brought. The cowry shells are tossed onto a mat and then interpreted based on how they fall. The priestess affirmed that she states the meanings based on the grouping, position and inclination of the cowry shells. Related to the above narration, Toby (2018) states that the cowries are the doorway through which one can access the world of the ancestors, the world that holds infinite knowledge and wisdom and a timeless view one cannot otherwise tap into.

Okomfo Akosua Adutwumwaa further established that when the client is not convinced of the outcome of the cowries, the priestess with the assistance of her spokesman slaughters a local fowl and asks the deity to accept it if really the outcome of the cowries she threw is correct. The deity instantly accepts the fowl by allowing it to recline at its back if the outcome is right. Aside slaughtering a fowl, eggs can be thrown to confirm the result of the cowries. When the priestess throws an egg and it bursts and all the broken shell lies at its outer part (back), it means the revelation of the cowries is correct. A similar act of

confirmation was exhibited when the researcher was about to enter the shrine room to take photographs.

It also came to light that when the priestess is also possessed by *Kramo Seidu*, one of the deities, she throws cowries to diagnose problems (Kwasi Owusu, the spokesman, Personal Communication, 12 October, 2018).

4.2.2.2.5 Diagnosing through Spiritual Possession (Trance) at Asuo Abereasua Shrine

Spirit possession is the belief that aliens, in the form of demons, gods, or spirits can take control of a human body. In similar but a different dimension, Craffert (2015) attests that spiritual possession is the response or solution to other underlying problems. According to Okomfo Akosua Adutwumwaa and the spokesman Kwasi Owusu (Personal Communication, 11th October, 2018), with this method, they invite the deity to do the diagnosing. The medical deity is invited into the body of the priestess through singing, drumming, dancing and artistic invocations. The deity when invited takes full possession of the priestess and discloses secrets and out-of-sight issues through her. It came to light that while the priestess is fully possessed, she is no more of herself and cannot recognise anything unless the spokesman tells her about what happened when the deity is out of her. This act is similar to what Nana Akwasi Asare stated when he enters into trance. The priestess and her spokesman further stated that nearly all clients prefer this method since it grants them the opportunity to interact with the deity. Since numerous deities are said to operate at Asuo Abereasua shrine, the ailment brought to the priestess determines the deity to be invited. This statement buttresses Okomfo Kofi Fofie's assertion that each deity has its own area of specialisation when it comes to healing and solving various problems.

Most of the respondents who have experienced this system of diagnosis at Asuo Abereasua shrine gave a lot of testimonies about its effectiveness. One respondent stated:

I became very ill for about four months. My husband and my brother sent me to different hospitals but the illness was persisting day in and day out. Looking at the situation and the pains I was going through, my brother sent me to Asuo Abresua shrine. Okomfo Akosua Adutwumwaa and her spokesman invited the deity and while she was in trance, the deity disclosed to me that the person behind the illness was my neighbour in the market where I trade. The possessed priestess even mentioned the name of the perpetrator. The deity through the priestess then gave me some substances to burn and that ended the problem. The woman who was behind the illness

rushed to me and apologised because she was feeling heat all over her body and through a dream she got to know it was as a result of what she did to me. It is for this and other reasons why I usually come here (TMAFC 2, Personal Communication, 11th October, 2018).

Investigation by the cured person was conducted to verify the authenticity of what the deity said about the perpetrator. As stated by Parish (2003), the deities prove to the client that whatever is disclosed through the priest or priestess is the truth by causing the perpetrator to testify to his or her wrong doing. Such happenings strengthen the clients' belief for the deity as well as the priestess. It is realised from the respondent's claim that, though everything was done by the priestess, it was the deity who did it through her. It has already been pointed out that whenever the *Okomfo* is possessed by the deity, it's no more the *Okomfo* who operates but rather the deity. This attests to the fact that it will be very hard for the priestess to unveil hidden things without the deity's intervention.

4.2.2.2.3 Pre-Healing at Asuo Abresua Shrine

For a successful healing to be achieved, *Okomfo Akosua Adutwumwaaa* consults her medical deities to enquire from them if they will cure the patient from his or her ailment. Her verification oracle involves the use of egg. After invoking the deity and making some incantations, the egg is smashed on the floor and as previously highlighted, if it bursts and all the broken halves lie at their back, it signifies that the deity can heal the patient, but if not, it means the deity cannot cure the patient. In a related matter, Faber and Faber (1960) stated that at the end of each supplicant's oracle (*abisa*), the possessed priest takes one of the eggs and smashes it on a wood (*dua*). If the shell fragments lie concave towards the sky, the deity's co-operation is assured, but if not, the deity may have reservations. If it comes out that the problem can be solved, the necessary directions are given to the patient to follow.

Moreover, casting of cowries is another method the priestess uses to enquire from her medical deity. Depending on the orientation of the cowries, she is able to tell if the deity can help solve the problem or not.

Like what happens in KuneGyendu/Bongari shrine, in Asuo Abresua shrine, *Okomfo Adutwumwaa* in the pre-healing stage also asks the offender to apologise to the offended person. She also slits the throat of a fowl to enquire from her medical deities if they can cure the patient.

4.2.2.2.3 Ways of Healing at Asuo Abereasua Shrine

Asuo Abereasua Shrine is able to restore health from an unbalanced, unhealthy or injured human beings. In order to achieve their objective, the deities through the priestess employ various healing techniques. These healing methods range from physical to spiritual. It was observed that the spiritual dealings were more than the physicals since almost every disease sent there is spiritual.

Like what occurs in KuneGyendu/ Bongari shrine, at Asuo Abereasua shrine also, sacrifices are performed for a patient to regain his or her health. The essential values for sacrificing are to avert the anger of the gods and the spirits, to ward off the attacks and evil machination of enemies. Mary Douglas, a British anthropologist, described sacrifice as a viable means of spiritual communication (Douglas, 1970).

The sacrifice involves killing and offering of blood and also the use of objects such as coins and eggs. Items used for performing the sacrifice are determined by the deities. These items are given to the deities in order for the patient to receive the deities' favour and act of kindness. Curative sacrifices according to Okomfo Akosua Adutwumwaa, may be offered beneath a tree or beside a river depending on the location of the disease causing agent. With some illnesses resulting from curses, the items are fixed. The deities have already taught the priestess the items and the activities to carry out. The study unveiled that blood sacrifice is the most powerful way to appease the gods. The more one feeds the deities with blood, the more powerful or healthy one becomes (Nrenzah, 2015). It may be for this reason that the deities mostly request for animal sacrifice. The sacrifices are supernaturally curative because they have the spiritual ability to cleanse a patient from contaminations, and are capable of dispelling malevolent powers from both the healer and the patient. The sacrifice tends to make the patient more accessible to the deities which helps to facilitate healing.

The items are then sacrificed to the deity by first performing libation to seek for forgiveness on the victim's behalf. The deities are then invited by the priestess and her spokesman. An egg is thrown onto the floor to seek permission from the deities. If permission is granted, a fowl is slaughtered and if the deity accepts the sacrifice, then it means the patient will be cured. After the sacrifice, the deity through the priestess prescribes the type of medication to be given to the patient. The deity sometimes instructs the priestess to go for particular herbs to be used on the patient for him or her to get well.

Okomfo Akosua Adutwumwaa further revealed that she also heals ailments by appeasing the offended spirits. In her narration, she stated that when appeasing the spirit causing the illness, the gods through rituals, spiritually link up with the spirit causing the sickness and intervenes for the patient. Items for compensating the spirit behind the sickness are then made available by the patient. The items include fowl, schnapps, sheep and some amount of money which may be an old currency. When the items demanded are provided, the deity usually directs the priestess Akosua Adutwumwaa on what she should do with the brought items. Sometimes, some of these items are left untouched at a cross road, in some cases they are deposited at riversides and sometimes an animal is slaughtered and the blood is presented to the deity to enjoy. According to the priestess, the animal sacrificed serves as propitiation for the deity. After accomplishing this task, the spirit causing the problem grants the consulted deity the chance to heal the patient. But with the physical damage caused on the patient's body, the spirit directs the priestess on the kind of medicine to be given to the patient and its dosage. When the priestess follows the instructions, the patient becomes well.

In some cases, the disease causing agent is propitiated with animals such as cats and sheep. The animal is slain and buried in the ground in exchange for the life of the patient. The life of the buried animal spiritually lieus or substitutes that of the patient.

While giving further information about healing, Okomfo Akosua Adutwumwaa pointed out that some of the diseases are best treated by performing libation to God Almighty, the gods and the ancestors. Such diseases are believed to be caused by some offended spirits and the ancestors. The libation is performed to seek favour on behalf of the patient in order for the patient to regain his or her health. Likewise, Ahanyi (2012) confirmed that once the priest and his elders honored the spirits with libation, they have then changed the energy in their lives to open the way for the deities to return strength, healing, blessings and favours to the patient. The study revealed that during the libation performance, the people around, including the patient's family members, kneel down and submit themselves to the deity. The patient after the libation performance regains his or her health.

Okomfo Akosua Adutwumwaa further disclosed that, after diagnosing and they find out that the patient's illness is caused by a witch, the deity (the witch hunting deity) hunts for the witch who is bewitching the patient. In hunting for the witch, the researcher was told that while the priestess is fully possessed by her medical deity, she fires gun shots into the sky, spiritually the bullets hit the witch who is causing the ailment. According to Okomfo

Akosua Adutwumwaa, when the witch is apprehended by her deity, the witch is brought to the shrine and the priestess assembles the shrine orchestra to play honorific tunes in praise of the deity of the sanctuary on account of his powers to arrest witches. During the music, the priestess dance hilariously with the congregation. While still dancing, the priest become possessed and then order the witch to provide medicine for the cure of the patient. The witch under the deity's instruction provides herbs for the cure of the patient and gives direction on how the herbs should be prepared and used. The herbs according to the priestess are mostly prepared into medicinal concoction. The patient then drinks and uses some for ritual bath.

Ritual dance (abofom; hunter's dance) is also performed during healing ceremonies, especially when the illness is caused by the soul (*sasa*) of an animal. This dance is performed to pacify the *sasa* of a slain animal. This illness is believed to be caused by animals which possess vindictive powers like buffalo. In this healing act, it was explained that the healer performs libation alongside incantations to invoke her deity, other benevolent spirits and the *sasa* of the slain animal, her intention is then declared to the invoked spirits. Drumming, chanting songs as well as gun shots are performed to drive away the spirit of the vindictive animal from the patient. After this artistic performance, herbal concoctions are prepared for the client to drink and bath with.

4.2.2.2.5 Post-Healing at Asuo Abresua Shrine

Okomfo Akosua Adutwumwaa of Asuo Abreasua Shrine also outlined three main activities that take place at her centre after the patient is fully healed. These are thanksgiving (*Aseda*), baptism (*Asubc*) and advice (*Afutuo*). Okomfo Akosua

Adutwumwaa stated that even though she does not charge people, it is mandatory for them to freely promise what to offer as gift when everything goes well for them. It is also obligatory for them to also fulfill their promises to the deity. This attests to the fact that the client appreciates the work done by the deity. In corroborating the above assertion, in the Holy Bible, Jesus Christ after healing the ten lepers demanded appreciation from them. It is for this reason that the deities also insist on their appreciation.

Also with the baptism, water from a stream and special herbs are used to baptise the client. The water from the streams is used because the power of the deity dwells in the stream or river. The baptism cleanses, protects and prevents the illness from attacking the client again.

The client is then advised to live sinless life to prevent him or her from attracting such illness again. Similarly, Jesus advised the paralyzed man he healed to stop sinning or something worse may happen to him as recorded in John 5:14. It is obvious from the above statement that whenever a person lives immoral life in the society, that individual can attract an ailment. Moreover, the client may still be advised to observe the taboos for the rest of his or her life in order not for the guardian deities to withdraw their defensive powers to allow the disease causing agent to revive the ailment.

The priestess in her narration also pointed out that after treatment, the client is given a special prepared concoction to rub or apply on his or her body every evening when he or she is about to sleep for sometime (the time frame depends on the kind of illness brought by the patient) in order to prevent and impede the malevolent spirits that were troubling him or her. Okomfo Akosua Adutwumwaa added that sometimes charms are given to the client to be kept in his or her room, especially when the evil being who was tormenting the previously sick person is very powerful.

4.2.2.2.6 Protective Rites in Asuo Abereasua Shrine

In Asuo Abereasua shrine, amulets and talismans are mostly used in the belief that they protect clients from all sorts of diseases and other evil attacks. The amulet is believed to have some occult potency for giving some benefits to its possessor which include warding off danger and misfortune (Ahmed, 2014). This amulet given to clients to wear is not to be seen by any person. This is because when people see it, its potency can be reduced. The priestess and her spokesperson testified that people who have been using their amulets and talismans appreciate the wonderful works they are doing for them. Even though clients have proven the existence of amulet's power, the researcher strongly believe that amulet and talisman can really work in the hands of a true believer.

At times, pregnant women are given charms or amulets to be worn on their waists as instructed by the healer. Recalling from the literature review, Diallo (1996) stated that pregnant women use amulets to ensure the safety of the life they carry. When the babies are born, they are again protected. Items like an old coin may be hung around the baby's neck, medicinal bangles may also be used on the baby and also medicine may also be put in water to bath the babies.

In some cases, the client seeking for protection provides schnapps, fowl, cutlass and bullets. Libation is performed and the fowl is then sacrificed. If the deity accepts the

sacrifice, then the client has the assurance of protection. While making ritual and calling upon the deity to accept their plea, the cutlass is then presented to the deity and the gun is shot or fired seven times. The client is then believed to become fully protected both physically and spiritually.

It also came to light that the centre provides medicine that protects people from curses, sorceries and other attacks. To them, when a client goes through that ritual medication, no curse or sorcery (juju) can have effect on the client. In affirming this, McCaskie (1975) stated that powerful fetishes and medicine offered at shrines give protection against evil magic and curse.

In addition, the deity is also thought to prolong the life span of people when the diagnostic report proves that their life span is short. The gods direct the priest to extend the life span of that individual (*tua ne kwahan so*). This is done by performing some rituals which involves tearing a strip from the client's cloth. A coin is then collected from the client and the strip is knotted to hold the coin. In some cases too the strip is knotted without a coin. The strip is then hung behind the shrine or the image representing the deity. Afterwards, an animal is sacrificed to substitute for the life of the client. Okomfo Kofi Basoah of Asuhyiae Tano shrine also made the same declaration when he was interviewed by the researcher.

4.2.3 Bokankye Akua Gyabon Shrine

4.2.3.1 Identification of Bokankye Akua Gyabon Shrine

This centre is located at Mankranso Peposo in the Ashanti Region of Ghana. The shrine was sent to Mankranso because getting a place to settle at Bokankye became a problem because of some political issues. The deity, according to the priestess, instructed her to rent two rooms at Mankranso Peposo since this town is spiritually owned by her (the goddess). She further stated that one of the sub-chiefs at Bokankye donated to her an area for the gods to settle. In her words, the area which is at Bokankye is under construction and very soon they will move there.

This centre is about a few metres from the main street of Mankranso. It is made up of an unremarkable five-sided compound house built in a historic Asante style. In front of the building is an open verandah where clients sit and wait for their turn to see the priestess. At this centre, all the deities are housed in a single temple. Exit on the left side of the shrine

lies a cocoa farm. The centre is not fenced and it may be difficult for one to identify it as a shrine.

The shrine is under the management of Okomfo Fati Haruna (See Plate 14) and her spokesperson. Okomfuo Fati Haruna is not married. She has been operating for the past twelve (12) years and does not work aside being a priestess. According to her, she is a Moshie lady from the Northern part of Ghana. She claims that Bokankye Akua Gyabon is an ancient and very principled deity. The deity chose her when she was in class four. She stated that in 2001, her family settled at Bokankye where she continued her primary school education. Without her seeing the deity when she was chosen, at class five, the dwarfs which are the messengers of the deity began to reveal themselves to her. Seeing the dwarfs, she began behaving abnormally so her parents thought she was suffering from high fever. Atuahene (2010) affirmed that sometimes the call of a novice comes through sickness or by possession during which the person becomes ecstatic. She further stated that for the reason that she was a Muslim, her parents sent her to numerous “Mallams” and later they consulted other traditional priests. It was unveiled that she was being possessed by a river deity. Considering her age, her low level of education, and her religious background, her parents spiritually stopped the deity from operating her since her family also had three different spirits under their protection.

When she got to S.H.S. Two (2), the deity started to operate fully in her again. From the priestess’ narrations, it can be inferred that her choice by the deity was a divine calling because she was not an indigene of Bokankye and none of her family members was a priest to the god. Briggs and Connolly (2017) explain that although the selection of the priest or priestess is occasionally hereditary, it can fall on anybody chosen by the resident god. Moreover, according to the priestess, she could not recognise things anymore and all that she was seeing were dwarfs who came and revealed to her lotto numbers. These dwarfs also incised her body. She was then sent to an elderly priestess to be trained and she came out fully as a priestess. In corroboration, Braffi (1990) confirms this when he said the local deities call persons to undergo years of austere professional training until they attained the highest socio-religious and spiritual state, to get into the integrities of the profession in order to ensure ritual efficacy.

According to the priestess, after the Battle of Feyiase, the ancestors of Bokankye appeared in Kumasi then Kwaman with the intention to settle there. As they were journeying into Kumasi, they found a very big stone. At the back and inside of the stone was water flowing.

They later found a bowl containing corn which was on fire. The ancestors of *Bokankye* decided to wait for the one roasting the corn. They waited for days and nobody came, so they became so amazed. The river deity revealed himself to them and later they got to know that the river was inhabited by a deity and decided to name the place *Egyabon* (fire hole). The river named *Bokankye Akua Gyabon* empty itself into the Tano River. In the words of the priestess, the elderly god of the shrine is known as *Adobe ase Kwabena* and *Bokankye Akua Gyabon* is his spokesperson. He also got the name *Adobe ase Kwabena* because the water lies under a raffia palm tree (*adobe*).

According to Okomfo Fati Haruna, apart from *Adobe ase Kwabena* and *Akua Gyabon*, she has a number of deities she operates with. They include *Ali Kramo* who comes from Arabia, *Kumwaa* (a dwarf), *Comfort* (a dwarf who is an albino) and *Naaho Zugu* from the Northern part of Ghana. From the aforementioned, it can be stated that the priests and the priestesses invite more deities in order for them to be spiritually powerful so as to conquer every opposing spirit that may challenge or attack them.

The centre operates on Tuesdays, Wednesdays, Fridays and Sundays. Tuesdays and Wednesdays were selected by the deities because these are the days they were born. Fridays and Sundays have also been blessed as working days by the gods for her to use. Clients who consult the shrine are first received by a spokesperson and then follow a queue when they are many. This centre, like the other centres, addresses problems such as mental illness, life protection, psychiatric disorders, epilepsy and infertility. This centre also does not have any directional signboard or billboard. Plates 15a and 15b show pictures of *Bokankye Akua Gyabon* shrine.



Plate 14: Okomfo Fati Haruna of Bokankye Akua Gyabon Shrine Source:

Photographed by the researcher



Plate 15a & 15b: Bokankye Akua Gyabon shrine (Consulting Room) Source:

Photographed by the researcher

4.2.3.2 The Medical Practices of Bokankye Akua Gyabon Shrine

4.2.3.2.1 Pre-Diagnosing of Ailments at Bokankye Akua Gyabon Shrine

At Bokankye Akua Gyabon shrine, a day before working, the priestess Okomfo Fati Haruna starts invoking the deities through offering of libation at 6:00 pm. She performs libation at the temple to supplicate to God Almighty, the earth goddess (*Asaaase Yaa*), ancestors and the other gods for her to see and enjoy the next day and also make activities that will be carried on very successful. She also prays to honour and please the deities and also seek for protection and support as well as fruitful work on the subsequent day. The priestess makes incantations for the gods to bring forth more customers and also protect them as they journey to her shrine. According to her, at 7:00 pm, she repeatedly disturbs the gods with the same invocations and continues at 8:00pm and again at 9:00pm till 2:00am and then sleeps till the day breaks. This narration is in relation to the parable of the persistent widow as recorded in Luke 18:1-8. Jesus Christ was advising His disciples on frequent prayers without giving up. From the parable, because the widow kept on bothering the judge, he pronounced justice for her so that the widow would not eventually come and disturb him. This attests to the fact that repeatedly seeking from the divine beings (the deities) forces them to positively address our request.

Like what pertains in Asuo Abereasua shrine, in Bokankye Akua Gyabon shrine also, mashed yam and eggs are prepared for the deity in the morning before Okumfo Fati begins work. According to the priestess, the goddess has a period within the year in which she

eats yam (that is in October) and if it is not yet time, she is always served with boiled rice mixed with sugar. This food is then presented to the deity to eat.

A short time before diagnosing, she puts on her working attire which includes white calico cloth, charms around the neck, arms, knee and waist (See Plate 16a and 16b). The adornments protect her and also attract benevolent spirits to her. She then sits on a stool behind the pot and begins to diagnose various ailments.

The priestess and her spokesperson sometimes invoke the deity to possess her (the priestess) during diagnosing and healing. In some cases she puts on smock and sits on a mat when she is possessed by *Naaho Zugu*. She then starts diagnosing by calling out clients with the help of the spokesperson.



Plate 16a



Plate 16b

Plates 16a & 16b: Costume worn by Okomfo Fati Haruna before operating at Bokankye Akua Gyabon shrine

Source: Photographed by the researcher

4.2.3.2.2 Methods of Diagnosing Diseases in Bokankye Akua Gyabon shrine

Below are the various methods of diagnosing ailments at Bokankye Akua Gyabon shrine;

4.2.3.2.2.1 Diagnosing by Stirring a Pot of water at Bokankye Akua Gyabon shrine

Stirring a pot of water to identify diseases and other problems is mostly used at the Bokankye Akua Gyabon shrine. Similarly, Parish (2003) in his study of Anti-witchcraft shrines among the Akans also revealed that stirring water in a pot aids in problem

identification. According to Okomfo Fati Haruna, the pot has been spiritually sanctified and contains special water from River Tano and other substances. The reason for using water from River Tano is because the deity is one of the Tano deities. During diagnosis, Okomfo Fati knocks the pot three times before she opens it. This is a sign of alerting the deity that she is about to enter into her abode. The priestess then performs libation alongside incantations to invite the deity into the client's matter and also presents to the deity the reasons behind her invitation. In a related matter, Lawal (2014) in his study of Traditional Medicine practices among the Yoruba people of Nigeria established that incantations are made before the medical history of the patient and the events leading to the imbalance of the patient are revealed through the pot. Afterwards the priestess stirs the liquid in the pot with a special paddle and as she stirs, the deity speaks out of sight issues concerning the client's problem to her. The deity through the priestess unveils the nittygritty of the problem to the client.

The deity, according to Okomfo Fati Haruna, makes sure that all the news about the clients' problems, revealed through her, always gets to the clients without distortion by the priestess. She further stated that if she changes the statement given to her by the deity, the deity repeats the same statement and if she does not provide the client with the correct statement made by the deity, she, at that instance enters the priestess and possesses her. Without her knowledge, the deity rectifies the false information given by her to the client. The moment the deity finishes, she leaves the priestess and she becomes normal again. The deity according to Okomfo Fati Haruna, is a white god (*bosom fufuo*) and does not condone lies. A respondent stated;

I came to Nana (the priestess) for help some months ago. After she stirred the pot of water and disclosed the root cause of the problem to me, she told me, Nana (the goddess) says I should offer a sheep and two schnapps as sacrifice. Okomfo Fati Haruna repeated the same items to me. Along the line, I didn't know what happened, the deity took full possession of her and spoke through the priestess saying; I said you should offer a fowl and a bottle of schnapp to me as sacrifice. After saying this, she went out of the body of the priestess and when she was back from trance, her spokesperson informed her what happened. Since then, I have been coming here because the deity is real and does not condone lies. (TMAFC 3, Personal Communication, 20th September, 2018).

The respondent's position is that no genuine indigenous deity will permit his or her priest or priestess to wrongfully inform people about what is needed to be done or sacrificed.

The deity also uses the priestess as a vessel to unveil every secret. In view of this and other testimonies, it is clear that the priestess has been chosen by the gods, ancestors or other spirits as a medium to perform these functions in the society (Yidana, 2014).

A total of 10 respondents (from Bokankye Akua Gyabon shrine) representing 100% of the respondents interviewed stated categorically that they were diagnosed to know the cause of their ailments and troubles by the use of the pot at Bokankye Akua Gyabon shrine. For instance one of the respondents disclosed to the researcher that;

My seven year old son was suffering from epilepsy. While seeking remedy for him, one medical doctor hinted me to send him to a spiritualist since the illness had spiritual cause. When I came to Nana, she was able to disclose the problem by stirring the water in the pot. The priestess as she stirred the pot asked me; ‘Do you remember a day your neighbour in the compound house gave your son a hot plantain which scalded his hand?’ I remembered it and said yes, and the priestess continued by saying that was when she gave the illness to your son. She performed some ritual for my son and instructed me to sacrifice some items. When I completed all the rites, my son got healed.” (TMAFC 3, Personal Communication, 20th September, 2018).

This statement and other claims given by the respondents suggest that all what the priestess says is divine since they come from the deity. In relation to this case, Azongo and Yidana (2015) affirmed that the individual diviners have no influence on the outcomes of divination consultations even though some of them have been accused of being quack diviners.

4.2.3.2.2 Diagnosing with Eggs at Bokankye Akua Gyabon shrine

Egg is another medium through which the priestess uses to identify and expose hidden things about patients. The egg according to Miro (2014) has long been regarded as a symbol of life, the idea is that it takes on energy. This is the reason why the priests and priestesses use eggs in various ritual activities. According to Okomfo Fati Haruna, her deity sometimes directs her to pass the egg around the patient and then throw it on the floor. The moment the egg bursts, she looks into the egg which has been split open with her maximum concentration. Through that, she sees everything troubling the patient and begins to tell the patient his or her problems. Miro (2014) adds that when using the egg, the diviner is essentially going through the client’s aura, and body, pinpointing specific

areas and allowing the eggs to absorb the energy. The egg traps the energy and the negativity transfers from the patient to the egg.

Okomfo Kofi Basoah (of Asuhyiae Tano Shrine, Personal Communication, October, 2018) also explained how he uses the egg to uncover the unknown. Stressing the same point Okomfo Kofi Basoah stated:

When someone comes with a problem, an egg is given to him or her to speak onto it, stating the reasons for seeking the deity's assistance. Afterwards, I collect the egg back and draw it to my ears and act as if I am listening to something from the egg. I then throw the egg on the floor for it to burst. Afterwards, I look into the broken egg and tell the client the root cause of his or her problem. I have tried this method of diagnosing for so many years and I have never failed. (Okomfo Kofi Basoah, Personal Communication, October, 2018).

It could be conjectured that egg plays a tremendous role in divination and has the power to do wonders only when it is used very well.

Dagmar (2019) revealed some interpretations of the different meanings found in the egg when broken. It was revealed that when the egg is broken and the yolk comes out with bubbles surrounding it or shooting upwards, it is a sign that the negative energy around the patient is too much, meaning the patient is very tired. This could be the reason why the patient has not had the strength to do anything.

4.2.3.2.3 Mirror Gazing (Scrying) at Bokankye Akua Gyabon shrine

The mirror is a surface, usually of glass coated with a metal amalgam, which reflects a clear image. Mirror gazing is also called crystallomancy, and it refers to the use of reflective surfaces for the purposes of divination. Okomfo Fati Haruna revealed that mirror gazing is another way she uses to diagnose illnesses. According to her, she mostly goes by this method when she is possessed by 'Naaho Zugu' (a deity from Northern Ghana). The moment the patient enters the consulting room, Okomfo Fati Haruna who at that time is fully possessed by 'Naaho Zugu' just looks into her mirror and discloses everything about the patient. Observation and interviews revealed that the mirror used for this activity is a normal mirror but has a charm attached to it and has been smeared with some black substances.

During crystallomancy, the priestess is able to see the future of her clients. Similarly, Regal (2009) and Guiley (2010) affirmed that, mirror gazing is practised in many cultures with

the belief that it can reveal the past, present, or future. Worstell (2018) also pointed out that the outcome of gazing through the mirror may emanate from the subconscious mind or imagination of the priestess. Regal (2009) rebuts by stating that, there is no systematic body of empirical support for such view in general.

The effectiveness of the mirror gazing as a means to diagnose diseases and other problems was not contested since statistically all the informants strongly affirmed its potentials.

4.2.3.2.2.4 Diagnosing through Dream and Vision at Bokankye Akua Gyabon shrine

Dream is a series of thoughts, images, and sensations occurring in a person's mind during sleep. Vision on the other hand is the faculty or state of being able to see. The priestess stated that she hallucinates when she is half asleep. She stated “I see the patient and the problem as if I am watching from a video or television.” Okomfo Fati Haruna disclosed that the deities and the ancestors are the source of the vision and the dreams she gets.

Stressing on dream and vision, she indicated that: *‘Usually I dream about the case the night before the patient comes to me. The cases they will be coming with and the causes of such cases and the kind of medication I should be giving are revealed to me through dreams and visions.’* (Okomfo Fati Haruna, Personal Communication, October, 2018).

Vision and dream diagnosing mostly reveal concealed information about patients. She stated that in most cases, the deities reveal to her the particular people who will be coming to the shrine. This mental picture shown to her by the deities helps her to diagnose and prescribe medication when patients come to her.

4.2.3.2.2.5 Gazing at the Patient at Bokankye Akua Gyabon shrine

By just looking at the patient, Okomfo Fati Haruna is able to bring out the secrets behind the patient’s problem. This act is in accordance with what all the priests and the priestesses disclosed and it can be observed that it is a dominant feature of every priest or priestess.

Like what other priests and priestesses possess, Okomfo Fati Haruna’s eyes and ears are also opened and she can see hidden things about people. She further stated that her deities are not always around her since they move from places to places. That is why they have given her the powers to operate in sudden and urgent situations in their absence.

Still on the gazing approach, Okomfo Fati Haruna stated:

My brother, if patients come to my shrine, I use this diagnostic method. The patients do not tell me of their sickness. I just gaze at the patient and with the help of the gods, I disclose the illness, its cause and the person

behind the sickness. It's only through the gods that I can tell the problem of the person (Okomfo Fati Haruna, Personal Communication, 3rd September, 2018).

From the priestess' claim, it can be observed that she seeks knowledge of the future or the unknown of the patient by supernatural means. More so, she has been opened to the gate that leads to the inner realms and spaces of higher consciousness and has the third eye which alternately symbolizes a state of enlightenment or the evocation of mental images having deeply-personal, spiritual or psychological significance.

4.2.3.2.2.6 Deity Possession at Bokankye Akua Gyabon shrine

Deity possession is a condition whereby a person's mind, body and soul are believed to be under the control of external forces. In the possession process, the deity enters Okomfo Fati Haruna and takes full control of her. According to Okomfo Fati Haruna, at that moment, her executive faculties (including the mind and the conscience) are temporarily placed in abeyance as the deity takes over. It could be deduced that the priestess at that instance becomes submissive and surrenders her life to the deity. Okomfo Fati Haruna further stated that the deity moves into her and seizes the body, soul as well as her spirit and begins to manifest herself through her. In the course of possession, as earlier pointed out by the above discussed practitioners, Okomfo Fati Haruna also does not recall anything and does not know what goes on and as a result the deity diagnoses and provides direction through her. It is for this reason that Parish (2003) affirmed that possession is the dominant feature of divination at the shrine.

When a patient enters the shrine, the possessed priestess asks the patient's reason for consulting the shrine and afterwards the deity discloses everything behind the patient's illness or misfortune. At this state, she is able to delve into the patient's entire life which includes the family, hometown, workplace and marriage to bring out issues troubling him or her. Like what the above discussed medicine-men experience during deity possession, Okomfo Fati Haruna also stated that during this era, it is her spokesperson who recalls everything and tells her when the deity finishes operating through her. The priestess stated;

When I am possessed by my deity, I don't have any control of myself ooh my brother! I don't see what goes on, the words I say and a whole lot. In fact, I say that when I'm in trance, it is the deity who does everything not I. The deity only uses my body as a medium to operate. The deity stops

operating at his own convenient time. (Okomfo Fati Haruna, Personal Communication, 3rd September, 2018).

From the above declaration, it could be observed that the complex model of human agency is evoked by the notion that the human will and consciousness have been overcome, and that the human body has become receptive to the intervening agency of the possessing spirit. In addition, the deity cannot heal without a human being as stated by Briggs and Connolly (2017). To them, the deities manifest themselves only on a set occasion through the medium of a traditional priest or priestess. The study revealed that this method of diagnosing is preferred by the people, since, the priestess will not have the chance to alter a word from the deity. More so, this method is reliable since everything comes from the deity's own mouth.

4.2.3.2.3 Pre-Healing at Bokankye Akua Gyabon Shrine

During pre-healing, a lot of ritual activities are performed. These include stirring a pot which is believed to contain water and other substances. In the words of the priestess, after diagnosing to find the cause of the client's ailment, she stirs the water in the pot and request from her deity if she can solve the problem brought by the patient. In the course of this act, the goddess (Bokankye Akua Gyabon) spiritually speaks into her ears if she will heal the patient or not.

Aside this act, she also finds out from her medical deities by slaughtering a fowl, and throwing cowry shells as in the case of Nana Akwasi Asare of Kune Gyendu/Bongari shrine and Okomfo Akosua Adutwumwaa of Asuo Abresua shrine.

4.2.3.2.4 Methods of Healing in Bokankye Akua Gyabon Shrine

At Bokankye Akua Gyabon Shrine, the process of making a client achieve or become sound or healthy is of special importance to the priestess and her spokesperson. In the quest of this, they consult the numerous deities at the shrine in order for the patient to regain his or her health. The healing methods employed by this shrine in curing ailments and other problems are as follows:

Sacrifice is one medium through which healing takes place at Bokankye Akua Gyabon shrine. According to Okomfo Fati Haruna, the sacrifice implies giving out valuable items which mostly include fowl, sheep, drinks and dogs to the deity. These items for the

sacrifice are demanded by the deities and are required based on the severity of the case brought as in the case of Asuo Abereasua Shrine. The moment the sacrificed items are accepted by the deity, the victim sometimes becomes well without applying any medicine.

Okomfo Fati Haruna revealed that some of the problems are best solved by expiating the spirits. To calm the offended spirit down in order to redraw the illness, special sacrifices are offered to the deity. The priestess with the assistance of the deity, try every means to avoid divine retribution on the part of the patient. In doing this, the deity through her medium requests for items from the client to be used for the expiation act. When these items are brought, per the directions of the deity, the items are used. The priestess stated that sometimes the items are given as gifts to beggars. The expiation is sometimes done beside a river according to Okomfuo Fatima Haruna. This appeasement is done to maintain a balance of the cosmos as well as the deities who preside over the problem.

4.2.3.2.5 Post-Healing at Bokankye Akua Gyabon Shrine

At Bokankye Akua Gyabon Shrine, when the client is fully recovered, he or she is allowed to stay for about a week or two depending on the type of illness brought, in order to confirm the client's recovery. Afterwards, the client since he or she promised the deity before treatment is supposed to fulfill the promise made, this act is similar to that of KuneGyendu/Bongari and Asuo Abereasua shrine. The priestess made it known that the deity punishes people who violate or dishonor their promises. This is contrary to what happens in Kunegyendu/Bongari shrine where such people are left to go scot-free according to the priest. The promise made serves as a challenge the patient throws to the deity. Since the gods always want to prove their capacity, they try all means to cure the patient and while the patient has been honoured by the deities, they also expect to be honoured.

The patient when presenting the thanksgiving items comes along with a fowl and alcoholic drinks and then, prayers are said in order for him or her to be discharged from the doctrines of the deity. The priestess then slaughters the fowl and if the deity accepts the fowl, it means the client is free and not under the restrictions and protection of the deity. The deity through Okomfuo Fati Haruna tells the client to consult the shrine for direction and any other help in times of need. The priestess further stated that when the client still needs the protection of the deity, she performs libation along with prayers and slaughters a fowl and if the deity accepts the fowl then it means the client will be protected by her. The client

again will promise what to offer the deity every year when he or she is fully protected at the end of the year.

Moreover, before discharging the client, he or she is baptised to forestall the recurrence of the illness and evil attacks. Water for the baptism is mixed up with herbs and then sprinkled on the client. Afterwards, kaolin is used to make some dots at the wrists of the client. The client is then fully baptised and can leave the shrine without coming back again. At this stage, every food item which the client was asked to desist from, after medication, if the client is fully recovered, he or she can start enjoying those foods. It could be observed that, while the client continues to be under the protection of the deity after the baptism at Kunegyendu/Bongari shrine, at this particular shrine, the client is no more under the deity's protection after the baptism.

4.2.3.2.6 Protective Rites in Bokankye Akua Gyabon Shrine

When a client comes to seek for protection, the priestess Okomfo Fati Haruna then communicates it to the gods. The gods then decide on the kind of protective measures to be given to the client depending on his or her strength. In most cases, the client is given herbal concoction to bath for seven consecutive days. In the course of the medication, the client may be prevented from or denied of sex, some food items and some meat like pork. The priestess explained that pork has the power to render medicine impotent or ineffective that is the reason why they prevent people from taking it during medication.

In some cases, cartridges are also requested by the god in order to provide protection for the client. Three bullets from the cartridge are swallowed with spiritual soup made of herbs. After going through this ritual, the client is believed to be fully protected from ailments and attacks, both spiritual and physical according Okomfo Fati Haruna. This ritual also provides long life for the client. The three bullets swallowed come out through defecation before the client dies.

Similarly, Okomfo Kofi Basoah of Asuhyiae Tano Shrine also stated that when a client wants to live long on this earth, special medicine is prepared with seven bullets from a cartridge. These bullets are also swallowed. After this activity, such person is fully protected and will die when these seven bullets come out through defecation. According to the priest, when one bullet comes out, it takes seven years for another one to come out and it does not come in double. When the client goes through this ritual, nothing on this earth can end his or her life unless the client defecates the seven items swallowed.

4.2.4 Apomasu Kwao Shrine

4.2.4.1 Identification of Apomasu Kwao Shrine

Apomasu Kwao Shrine is found at Ntensere along the Kumasi - Sunyani road behind the Ntensere palace. The centre is an ordinary compound house built in an outmoded style. Each of the three deities of the shrine has its own temple. There is an open space which serves as reception. This centre is full of trees and herbal plants. Some of the herbs are even planted in the middle of the compound. *Gye Nyame* symbol, *Afena* (state sword) and a stool have been drawn on the wall of the sanctuary. At the reception, the same symbols have been repeated on the walls. Chairs have been arranged nicely at the reception hall which shows their readiness to receive clients. Behind the centre are huge mountainous rocks.

This centre is under the administration of Okomfo Kofi Fofie (See Plate 17) who is 64 years of age. He has nine children and had married twice and divorced the women and now had no wife. He has been into this profession for 28 years. Aside this profession, he works as a farmer. According to Okomfo Kofi Fofie, he was also chosen by the deity. He added that in 1988, before he was chosen by the deity, he dreamt and found out that he had been possessed by a deity. In affirming the above statement, Pyne (2009) claims that the deities call the would-be priest or practitioner through dream possessions and other unusual behaviours. Like how the other priests and priestesses were divinely chosen, Okomfo Kofi Fofie was also genuinely chosen by the deity (Apomasu) to be his mouth piece.

According to the priest, the Apomasu shrine came about as a result of a man and a woman who went to farm and found a crab hole and chose to catch the crab. They tried all means but they could not get the crab. They returned the next day and saw that the hole was filled with water. They saw another crab hole again and decided to catch that crab. Again, they tried but they did not find any crab in the hole. The next day, they went and found that the second hole was filled with water and four big crabs were found in the water. The man then became possessed by the river deity, Apomasu Kwao. The man then became the first priest of the River Apomasu Kwao. This god operates in three different shrines which are Ntensere (in the Ashanti Region), Atonie and Ntotroso (all in the Bong Ahafo Region).

In accordance with what the other priests and priestesses specified, Okomfo Kofi Fofie also stated that he works with three main gods which are *Apomasu*, *Asuo* and *Atia*. Aside these gods, other numerous deities which include Kwaku Abrantie and Kwaku Moshie

operate with him. It was explained that each deity has its area of specialization in terms of healing. Some are experts in curing mental problems, heart problems and others. The number of deities the Okomfo has determines the number of problems he or she can solve.

This Apomasu Kwao shrine operates every day except Thursday which is believed to be the resting day of the deity. This centre addresses both spiritual and physical problems. Some of the problems Okomfo Kofi Fofie caters for include mental illness, child bearing problems, and heart problems. This centre does not charge any fee but clients promise what they will offer after they have been healed. Currently, the shrine does not have any directional signboard but it was disclosed that they used to have one but it has been damaged.

Plate 18a and 18b show images of the Apomasu Kwao shrine.



Plate 17: Okomfo Kofi Fofie of Apomasu Kwao Shrine

Source: Photographed by the researcher



Plate 18a: The temples of the three



Plate 18b: The inner part of Asuo's

gods at Apomasu Kwao Shrine sanctuary at Apomasu Kwao Shrine Source:
Photographed by the researcher

4.2.4.2 The Medical Practices of Apomasu Kwao Shrine

4.2.4.2.1 Pre-Diagnosing at Apomasu Kwao Shrine

In Apomasu Kwao shrine, special libation and incantation are also said to God Almighty, ancestors and the deities. According to Okomfo Kofi Fofie, the prayers which are in the form of invocations are offered along with libation performed, either with alcoholic drinks or first water (*nsu kani*), that is water fetched from a river in the morning by the earliest or first person. Ahanyi (2012) added that the water used for the libation performance restores the balance of energy between the living being and the spirit. Okomfo Kofi Fofie further stated that the prayers are said to God, the ancestors and the gods to seek for their protection and to also ask for their help and guidance. Offering libation before beginning the medication, according to Okomfo Kofi Fofie, gives him the confidence that the work would be carried on smoothly without any mishap since the Supreme Being, the ancestors and the gods have been invited to join him and take control of all his doings. Obviously, he believes in the existence of these spirits, hence his appeal to them.

The priest further stated that early in the morning, before work begins, eggs are presented to the deities as their food. Similarly, Witch (2015) contended that in some societies, offerings are made for the gods before the beginning of any work. Okomfo Fofie further stated that he also provides banana, tiger nuts and roasted groundnuts for the deities, especially the dwarfs since these are their favourite meals. The priest added that the food attracts the dwarfs to come and operate.

Before commencing the diagnoses, the priest and his spokesman invite the medical deity to possess the priest by performing libation on the image of the deity and ring bell as in the case of the adove discussed practitioners. In most cases, the deity himself possesses the priest in the course of singing, drumming and dancing. When possessed, he puts on his working costume which includes necklace, whisk, armlets, cap, talismans, amulets and other charm (*nsuman*) in order to protect him. As part of the costume, he may wear a smock or grassskirt depending on the deity they invite. It is interesting to know that in this shrine also, every deity has his or her own costume. He also wears foot ring which is believed to fight against evil spirits that operate or attack through the ground.

4.2.4.2.2 Methods of Diagnosing Diseases in Apomasu Kwao Shrine

When a client consults the Apomasu shrine, the client's reasons for consulting the shrine is asked by the *Okyeame* (Awuah). After the patient has explained the problem, the priest Kofi Fofie with the help of his gods tells him/her what the sickness and its cause are. The following are the means through which the priest discloses hidden things about people;

Okomfo Kofi Fofie stated that through the gods and the ancestors, he has gotten the power to see people and know what really troubles them. This act of diagnosing transpires in the various shrines that were visited by the researcher and it attests to the fact that the traditional priests and the priestesses have the power to see and hear beyond the ordinary. It can also be added that gazing at a patient to know the cause of his or her illness is part and parcel of every true traditional priest and priestess.

Okomfo Kofi Fofie stated that when a client comes to his centre, the deities reveal to him how the client attracted such illness and the people behind the sickness. By so doing, he tries to set his eyes not only on what is happening to the sick person but also on the question of identifying the agent behind the sickness. He also tries to know the reason for which the agent caused the sickness. The priest further stated that even if someone is possessed by a malevolent spirit, through gazing, he is able to identify such person.

While stating his opinion about this kind of diagnoses, Bruner (1986) in his study states that in recognising certain illnesses as ones with a hidden meaning, indigenous African healers routinely persuade themselves to go beyond the 'information given' to determine 'who' is causing such illness and what they are expected to do to effect a cure.

Mirror is also another means through which the priest Kofi Fofie unearths the unknown about people's sickness. According to the priest, when a patient consults him to find out the cause of his or her illness, he sits in front of the mirror with his maximum concentration and makes some incantation to invite the spirits and instantly, everything about the sickness is disclosed to him. In some cases, the soul of the patient is invited into the mirror for interrogation. According to the priest, the soul of every person is conscious of everything that troubles the body. Even though the mirror is a normal one like what we have been seeing and using, it has been imbued with power (*ye adwira*) and attached to it is a charm which helps the priest to see hidden things.

In spirit possession, according to the priest (Kofi Fofie), the deity takes temporary domination of his body and mind as in the case of the other priests and priestesses visited by the researcher. It was revealed that when the priest is possessed, both known and

unknown spirits from different countries and ethnic groups use him. The spokesman (Agya Awuah) stated clearly that sometimes it becomes difficult for him to interpret the unknown deities' languages. Gadon (2004) offers useful information about deity possession. According to her, deity possession is a complete but temporary domination of the priest or priestess' body, and the blotting of his or her consciousness by a distinct alien power of known or unknown origin. The foregoing discussions highlight on subjectivity and agency.

Okomfo Kofi Fofie stated emphatically that he serves as a horse that is mounted by his deities who use him as they want. According to Coffie (1996) this expression points out to the fact that gods mount human beings, just as a rider mounts a horse. From the above manifestation, the priest or the priestess is a "horse" while the deity is the "rider." The spokesperson of the shrine further added that while the priest is possessed, he throws white powder on his face and head. Sometimes the spokesman sacrifices a fowl for the deity when he mounts on the priest. At this time, he commands with power and authority and unearths all the secrets behind people's problems. According to the respondents, while the possessed priest is displaying, he sometimes reveals concealed issues about the audience around.

4.2.4.2.3 Pre-Healing at Apomasu Kwao Shrine

After identifying the cause of the illness, Okomfo Kofi Fofie also consults his medical deities to be sure if they can solve the problem brought before them. Similar to the prehealing rituals of the above discussed centres, Okomfo Kofi Fofie of this centre also enquires from his deities by slitting the throat of a fowl and leaving it to struggle. If the deity accepts the request by allowing the fowl to recline at its back as pointed out earlier, it means the person can be healed. But if it does not, it also suggests that the patient cannot be cured.

He also settles disputes in order to pave way for his medical deities to heal the patient. It was revealed that if the offended person decides not to accept the offender's apology, special rituals are made in order for the patient to be healed. The deity is said to deal with the problem in the spiritual realm with the disease causing agents.

4.2.4.2.4. Various Means of Healing at Apomasu Kwao Shrine

The study revealed that Okomfo Kofi Fofie is also a very powerful healer who relies on the gods and other benevolent spirits to cure diseases and other problems as in the case of the above discussed medicine men and women.

Okomfo Kofi Fofie disclosed that hitting his head against the patient's head when possessed by his deity is one of the ways he relieves patients from their sicknesses at Apomasu Kwao Shrine. According to Okomfo Kofi Fofie, this act of healing usually takes place during healing of madness and it depends on the level of the client's madness. The possessed priest just hits his head hardly against the mad person's head three times continuously. At that moment, the client with the madness faints and within some time, he or she recovers from unconsciousness with sound mind.

Interestingly, Okomfo Kofi Fofie and *Okyeame* Awuah stated that when the priest is possessed by the deity, he sometimes uses a whisk to heal people without applying any medicine. For instance, when someone's body is swollen, the possessed priest just whips the client gently with the whisk without applying any medicine. Within a few days, the client suffering from swollen body regains his or her strength.

The researcher's informants further revealed that sprinkling of kaolin (*hyire*) on the patient is also another means of healing at Apomasu Kwao Shrine. It was revealed that the priest when possessed by his deity sometimes sprinkles kaolin on the patient for him or her to recover. According to the respondents, this method of healing often happens when the client is swelling. One of the respondents stated:

I had a very serious swollen body for about two months. People who knew me could not recognise me. At the early stages of the problem, I tried the orthodox medication but the severity of the illness was increasing day in and day out. It got to a time I couldn't walk anymore. My family members then sent me to Okomfo Kofi Fofie (Apomasu Kwao Shrine). When we got there, the deity was invoked and he took full control of the priest. After telling me the outcome of my illness, he sprinkled kaolin all over my body and that was the end of my illness. After three days, I began recovering and here I am today (TMAFC 4, Personal Communication, 18th October, 2018).

Scientifically, the effect of contact with dermatitis (swelling and irritating of the skin) caused by poisonous ivy is best treated by the use of kaolin (*hyire*). As affirmed by Abrefa, Sarsah, Mensimah, and Ampomah-Amoako (2011), kaolin has been used typically as embodiment and dry agent specifically used to weep poison ivy. The effectiveness of these magical healing act enquired from the respondents was not disputed as most of the informants strongly affirmed the potency of these practices.

According to Okomfo Kofi Kofie, in some cases, the deity instructs him to spit onto the herbs to make it potent. This is similar to what Dr. Arban said; without the “Key”, most herbal medicines will not be potent. According to Okomfo Kofi Kofie, there are a lot of instances when clients come with severe wounds and after preparing the medicine, the gods instructs him to spit onto it. He stated that:

A client came to me with a rotten hand which was smelling all over. The client told me that the medical doctors he consulted told him they would amputate the hand. I just prepared some herbs and went to the gods for directives. The gods told me to mention their names and spit three times on the prepared medicine to make it potent. After continuously applying the medicine on the wound for some weeks, the wound got healed (Okumfo Kofi Fofie, Personal Communication, 18th October, 2018).

Scientifically, saliva contains cell derived tissues and many compounds that are antibacterial or promote healing. Saliva is associated with microvesicles shed from cells in the mouth and promotes wound healing (Berkmans, Sturk, Van Tienen, Schaap and Nieuwland, 2011). Moreover, saliva is full of protease inhibitor and secretory leukocyte protease inhibitor which are both antibacterial antiviral and promotes wounds healing. It could be seen that most traditional medications either spiritual or physical can be scientifically proven if they are carefully scrutinised.

The healer disclosed that sometimes, the stuff of pounded palm nuts and pepper are also fumigated to heal uncounscious patients. Through this process, the patient is said to sneeze for three consecutive times. After sneezing, the patient regains consciousness. It was further disclosed that if the unconsciousness is believed to result from an escape of the patient’s soul, the family members through the instruction of the priest, are ordered to move round the community as if they are searching for the soul and shouting aloud the name of the victim in the quest to bring the soul back into its habitat. It was revealed that while performing the above stated healing ceremonies, the healer assembles his orchestra, they drum, chant *Apomasu Kwao* songs, and dance to influence the deity to perform supernatural healing.

4.2.4.2.5 Post-healing at Apomasu Kwao

At Apomasu Kwao medical centre, when a patient regains his or her health, libation is performed to prevent and protect the client from attracting such diseases again as it has been pointed out earlier in the above discussed medicine men and women. Afterwards, the

client is free to leave the centre. But if the client made any promise, he or she is supposed to fulfill such promises before he or she leaves. If the client refuses to offer to the deity what was promised, the punishment from the deity will come upon the client. This is similar to what defaulters at Bokankye Akua Gyabon shrine also go through. More so, as indicated earlier, the client is advised on how to live his or her life without attracting such illness again.

4.2.4.2.6 Protective Rites in Apomasu Kwao Shrine

In Apomasu Kwao shrine, for a client to be fully protected from diseases, schnapps, fowl and some amount of money are presented to the gods. These items are believed to guarantee the client to be protected by the gods for a specific period of time. When the time is due, it is the duty of the client to renew the contract with the gods. When the client decides not to renew the contract, he is no more under the protection of the gods again.

The client has to go through the necessary rituals in order to depart from the gods' protection. In the contract, it is a requirement for the client to promise what to offer when the gods protect him or her through the time frame they decided on. When a client is able to do this, the gods protect him or her as long as the client wants.

In some situations, Okomfo Kofi Fofie stretches a white cloth (*calico*) and suspends it on fire and fries seven pieces of boneless meat with palm oil on the white cloth. According to the priest and his spokesman, the meat will be well cooked but the white cloth (*calico*) will not burn. The meat is then mixed with medicine for the client to eat. After that, the client is thought to be completely protected against poisoning and evil attacks. Okomfo Kofi Fofie explained that when poisonous substance is put in a glass cup, the moment the protected person holds the glass cup, it will shatter. He added that no one can kill such a protected person.

4.2.5 Mallam Abudu Herbal and Spiritual Centre

4.2.5.1 Identification of Mallam Abudu Herbal and Spiritual Centre

Mallam Abudu Herbal and Spiritual Centre first started at Abisewa in the Ahafo Region and because of the efficacy of its medicine, the centre has opened other branches at Abuakwa Barrier in Kumasi and also in Accra. The Abuakwa branch is made of a very nice modern building which has been fenced and nicely furnished with green paints. The centre is also the living place for the healer and his family. There is also a nice furnished room which serves as reception. Next to the room is another room where diagnoses and

healing take place. There is a television at the reception where clients watch to wait for their turn. Chairs are also nicely arranged at the reception.

This centre (Mallam Abudu herbal and spiritual centre) is under the management of Mallam Abudu (See Plate 19). According to the healer, he has about 99 people who work under him. Through the job, he derives his sources of income. He disclosed that he has been practising for thirty seven years. This centre has been accepted and licensed under the association of Asante Traditional Medicine Centres in the Ashanti Region, headed by Baffour Asabere Kagyawoasu Ababio III (Otumfuo's *Summankwaahene*). This really qualifies this centre to be an Asante traditional medical centre. From the above discussion, it is obvious that Asante traditional medicine has undergone acculturation. Foreign practices from other regions have infiltrated into the medicine.

According to Mallam Abudu, God Almighty is acknowledged as the source of his powers and knowledge of traditional medicine. Recalling from the literature review, Onwuanibe (1979) contended that, Africans have a religious world view which makes them aware of the feasibility of divine or spiritual intervention in healing with many healers referring to the Supreme God as the source of their medical powers.

According to Mallam Abudu, all his great grandfathers were traditional medicine practitioners. To him, how he got the power over spiritual and physical issues was divine because at the age of 10, he was kidnapped by dwarfs and was taken into their abode deep in the forest for one and half years. Inside their abode in the forest, the dwarfs taught him various types of medicine and the corresponding healing acts. In related argument, Pyne (2009) upholds that dwarfs who are credited with special knowledge of therapeutic powers, may abduct their chosen candidate into their secret abode where such candidates appear to become imbued with therapeutic knowledge. From the foregoing, it is evident that Mallam Abudu's way of calling is similar to that of the priests and priestesses discussed above. It can be stated that the spirits he operates with are equal or similar to that of the priests and the priestesses.

Furthermore, he made it known that these dwarfs are still with him and always communicate with him since they are messengers from the Supreme God. Malam Abudu indicated that God gave him this spiritual gift to help people both spiritually and physically and he uses the traditional form of healing, which is a legacy bestowed by our African ancestors to cure. Malam Abudu emphasized that when he first came from the Northern

part of Ghana to settle at the Southern part of this country, he was not familiar with the medicinal plants there but the dwarfs helped him to identify various medicinal plants. Likewise, Atuahene (2010) revealed that the dwarfs are believed to be very powerful and good in herbal medicines. This attests to the fact that some of the dwarfs are really knowledgeable in medicinal plants and know most plant medicines across the globe.

The centre operates everyday. Many clients visit the centre for treatment of illness; while others consult him for wealth. For some, the search for spiritual protection from enemies and evil doers lead them to the centre. According to Mallam Abudu, he can cure all kinds of sicknesses except hernia. The diseases that he cures include severe headache, sexual weakness, shrinkage in the size of penis, psychiatric disorders and others. The clients who go for consultation are first met by a “receptionist”, who attends to them.

Maame Boamah who is a trader at the Abesua lorry station together with Mariamah (Personal Communication, 16th February, 2018) and others testified of the efficacy of Mallam Abudu’s medicine. According to them, their ailments were at the terminal point to end their lives but when Mallam Abudu intervened they got healed. A charge of twenty Ghana cedis (GH¢20.00) is taken as consultation fee before one can consult the practitioner. This center has a billboard mounted at Abuakwa Barrier along the main road close to where the fitting shops are situated.

Plates 20a and 20b are sections of Mallam Abudu Herbal and Spiritual Centre.



Plate 19: Mallam Abudu of Mallam Abudu Herbal and Spiritual Centre

Source: Photographed by the researcher



Plate 20a

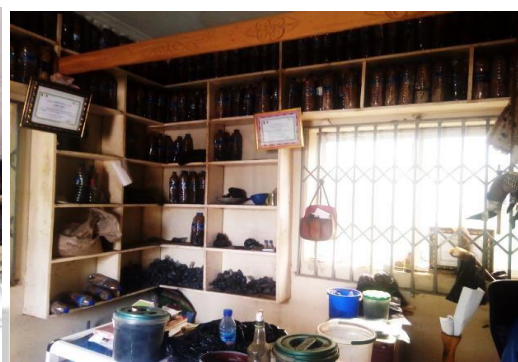


Plate 20b

Plate 20a & 20b: The interior part of Mallam Abudu Herbal and Spiritual Centre

Source: Photographed by the researcher

4.2.5.2 The Medical Practices of Mallam Abudu Herbal and Spiritual Centre

4.2.5.2.1 Pre-Diagnosing in Mallam Abudu Herbal and Spiritual Centre

According to Mallam Abudu, he communicates to the Supreme God through prayers to seek for his guidance before he starts to operate. He stated that he has reserved one of his rooms for only prayers and other rituals. Items found in the room are a mat, a Quran and a tasbih. Even though these items are not Asante art forms, because of acculturation, they have been infiltrated into the Asante medicine. At nights, he prays with the tasbih while seated on the mat spread on the floor with his legs folded. He then meditates and recites some verses in the Quran. He added that he cannot do anything unless Allah speaks to him through his messengers (that is the dwarfs). He further stated that the Supreme God is the superior that he constantly consults.

4.2.5.2.2 Ways of Diagnosing Diseases at Mallam Abudu Herbal and Spiritual Centre

Mallam Abudu medical centre addresses numerous cases by blending both physical and spiritual modes of diagnosing sicknesses. The following are the diagnostic methods used by Mallam Abudu in identifying the mysteries surrounding people's ailments;

One of the lenses through which Mallam Abudu detects the cause of illness and other problems is prayers. Mallam Abudu (Personal Communication, 17th Dec., 2017) stated; "I always pray deep in the night using my *tasbih* or *misbaha* in my room located upstairs". The spiritual healer made it known that in the process of praying, he always remains still and fully concentrated. This helps him to get the attention of Allah the Supreme Being and other spirits he operates with. This act is similar to the writings in Exodus 14:14 when Moses instructed the Israelites to remain still unto the Lord. It can be construed that being

focused is like a muscle, the more one flexes on ones attention, the stronger the muscles become, and the easier to hold the attention of the spirits.

Mallam Abudu added that missing out some essential words while making incantations or prayers can lower the therapeutic values during the process of diagnosing and treatment. This statement is also in line with an assertion made by Mallam Wahaab, a traditional healer at Dechemso (Personal Communication, 7th September, 2018). Formica (2010) adds that the prayer is not just a going out, but also a going in, and it is a practice woven deeply into the fabric of global practitioners: rich tapestry of science, psychology, metaphysics, and of course, faith and spiritual sojourn.

In most cases, reply to the prayers comes within a short period of time after he finishes with the prayers. Mallam Abudu stated:

After praying with my tasbih or 'misbaha', I take a very deep sleep and through the sleep, the source of the illness is revealed to me (Malam Abudu, Personal Communication, 17th January, 2018).

According to Mallam Abudu (Personal Communication, 17th January, 2018), diagnosing through the mirror is also one of the media he uses likewise what the other healers have stated earlier. Mallam Abudu explained that the moment he sits in front of the mirror, a series of incantations are made and by gazing through the mirror, what actually is wrong with the patient is revealed to him. Again, he gets to know the sickness easily when the image of the patient reflects in the mirror. This was authenticated when the researcher went to Mallam Abudu, he gave him a seat to sit on. But the researcher did not know that there was a mirror behind him (the researcher himself). Mallam Abudu just looked at the researcher's face and started laughing and told the researcher why he came to him without asking the researcher his reason for being there. The researcher tried to enquire from him how he got to know his mission but he stated that it was the power of God. After having a series of discussions with the researcher, he revealed to him that he got the information by gazing through the magical mirror which was behind the researcher. From the narration above, it is evident that by gazing through a magical mirror, mysteries behind people's problems are unveiled.

Moreover, Mallam Abudu declared that he casts cowries to diagnose sicknesses. According to him, when throwing the cowries to diagnose the cause of a client's illness, he says special prayers in order to invite the messengers of God which are the spirits he

works with. These messengers (which include dwarfs) through their intervention help him to interpret the pattern formed by the cowries when they are cast. Mallam Mohammed Maaye a traditional healer at Sokoban Ampaame (Personal Communication, 2nd March, 2018) who also claims to operate with the messengers of God stated that dwarfs are among the messengers he mostly operates with. Casting of cowries helps diviners to diagnose illnesses and other problems. At Mallam Abudu's Centre, the cowries are cast on a specially prepared basketry tray.

Mallam Abudu also made it known that he frequently looks at people's faces and identifies their sicknesses and their causes. An instance was what the researcher witnessed when Mallam Abudu just looked at a client's face and identified the cause of his illness. Afterwards, the man affirmed that what the healer said was correct and that was his reason for coming to the centre. Another instance witnessed was when a young lady came to Mallam Abudu, he disclosed that the lady was at the centre not for any medication but to try him. These are some of the pronouncements the healers make to their clients so that they will not doubt whatever information that will come their way later. These issues are very much appreciated by the local people because the traditional healers structure their world and knowledge scheme around uncovering the unknown through spiritualist consultation (Azongo et al, 2015). According to Mallam Abudu, this power of seeing and knowing beyond the ordinary was given to him by the Almighty Allah.

4.2.5.2.3 Pre-Healing at Mallam Abudu Spiritual and Herbal Centre

According to Mallam Abudu, he mostly prays and makes some incantation to God Almighty to find out from him before he cures the patient. The prayers and incantations are made with the help of his Quran and tasbih.

He further stated that he mostly throws cowries onto the ground to enquire from the messengers of God he works with. He added that after casting the cowries as in the case of Okmofo Adutwumwaaa and Okomfo Fati Haruna, he is able to know if the patient can be healed or not.

4.2.5.2.4 Methods of Healing at Mallam Abudu Spiritual and Herbal Centre

The study brought to light the effective means through which Mallam Abudu uses in regaining the health of his clients. Even though he is a Muslim, his style of healing does not differ from that of the other Asante traditional healers who do not use gods. Below are the detailed discussions of his mode of treatments;

Mallam Abudu claims that he is able to heal people by transferring the disease to a wall. He contended that this power was given to him by the Supreme God to redeem people faster from their pains and worries. An incident witnessed by the researcher concerning his transference of sickness to a wall was when Mallam Abudu was healing a client of severe headache. According to the patient, he had been suffering from the headache for some years and had gone to some hospitals yet the pain still persisted till he came to the traditional healer. Mallam Abudu just held the client's neck gently and pulled it upwards and transferred the pain to the wall (See Plate 21a to 21d). After performing this rite for three continuous times, the client got healed instantly. According to Mallam Abudu, to know that the patient is relieved, his hands become very heavy with the first pull and the heaviness reduces on the second pull and become very light at the last pull. This shows that the headache has been transferred to the wall. In a related instance, Ownanibe (1979) confirms that animals are sometimes used to transfer the illness.

Out of the 10 respondents interviewed at Mallam Abudu Spiritual and Herbal Centre, 5 respondents representing 50% stated that they had experienced this medication before, when they were suffering from severe headache. Three of the respondents, representing 30%, also attested to the fact that they had not experienced this act of medication before, but, they brought their relatives who were healed through this form of medication. Two of the respondents, amounting to 20%, also made it known that they had heard about clients who had been cured by this means of medication propagating the news.



Plate 21a

Plate 21b



Plate 21c



Plate 21d

Plate 21a to 21d: Mallam Abudu transferring a client's headache to a wall Source:

Pictures taken by the researcher

Another miraculous healing pointed out by Mallam Abudu is an instant enlargement and elongation of manhood (penis). Men who suffer from penis shrinkage usually seek for this medical care. Phallus of different sizes are there for the client to select the size of his choice. When the client singles out his choice, the traditional healer collects it, makes some incantations and hits the client's buttocks with the wooden penis. Instantly, the client's manhood extends to the preferred size. Hahn (1995) writes that the effectiveness of the traditional medicine man's treatment seems negligible in the light of Western medicine. Hahn further states that, anthropologists have, however, observed that the works of the traditional medicine men have beneficial results. Gumede (1990) also established that it would be difficult to understand the traditional healers and their administration processes without taking the concept of traditional African spirituality into account.

According to Malam Abudu, (Personal Communication, Febraury, 2018) items like *koose*, *maasa*, pins, eggs, cola nut, millet, cowries and coins are also given out as offering to be deposited at a specific place indicated by him. The sacrifice is usually placed at road sides, T-junctions (which is believed to be the meeting place of spirits), sides of streams or rivers and other places as instructed by the practitioner (See Plate 22). Correspondingly, Insoll (2010) substantiated in his study that at times, the sacrifice is placed on a four-way junction or the outskirts of the community, depending on the purpose of the ritual. Mallam Abudu further established that the sacrifice can be delivered by the patient, the patient's close relative or the healer depending on the directives of the consulted spirit or deity. This sacrifice goes with some restrictions and instructions as affirmed by Borokini and Lawal (2014) that the process of preparation and delivery of the sacrifices are guided by instructions, which must be strictly adhered to for effectiveness and acceptance by the spirits or deities. The directives include keeping mute while carrying the sacrifice to the

area to be placed, not looking back after placing down the sacrifice and depositing the sacrifice at deep night. After these activities, some herbal decoctions are given to the patient to drink, bathe or smear all over his or her body. Wahaab Dere and Malam Maye (personal communication, March, 2018) also affirmed this method of healing.



Plate 22: Sacrificed items deposited at a T-junction Source:

Picture taken by the researcher

The study also unveiled that sometimes money is used to make rituals and incantations for the patient to get healed. With this rite, the patient may rub the money all over his or her body and may be asked to give it to a beggar or throw it on the street or a specific place depending on the directives from the spirits. The money used in medication here can be equated to that of Nana Akwasi Asare at KuneGyendu/Bongari shrine. The difference is that while the money is rubbed over the patient's body at this medical centre, at KuneGyendu/Bongari shrine, the money is used as a medium for divination. Furthermore, the study revealed that unless the spirit or deity causing the sickness accepts the spiritual compensation performed by the healer, the beggars will not receive the sacrificed money. A respondent shared her experience to the researcher:

I became seriously ill and attended many hospitals but I was not responding to treatment, so I decided to see a traditional healer (spiritualist). The healer after performing some rituals told me to give out GH¢50.00 to any beggar I found along the roadside. Surprisingly, any beggar I tried giving out the money to shouted: "Take your money, I don't like your money". I went back to the healer and after a week, when the necessary rituals had been performed, a beggar received the money and within a short possible time, I regained my health (TMAFC 5, Personal Communication, 14th April, 2018).

It can be conjectured that these malevolent spirits causing illness can manifest through people when their plea is not met. More so, the beggars at the market places and along the road sides are there for specific purposes. In some instances, they may be there for people to regain their health, receive their babies, and prosper in life. In some cases, the patient is instructed to kill a specific animal mostly sheep and distribute it to the neighbours. By so doing, the illness of the patient will be healed.

While giving further information about complex healing, Mallam Abudu pointed out that spiritual cleansing (purification) is another means through which healing takes place at his centre. With this practice, the patient can go through ritual bathing where he or she bathes in a basin with medicinal concoction specially prepared from herbs and other substances to free him or her from spiritual contaminations. After bathing, the patient may be instructed by the traditional healer (spiritualist) to pour the residual concoction at a designated place. The bathing may be done at midnight or early morning at specific times for a number of days or weeks. When the patient is able to do this, within a short possible time, he or she gets healed. Anyone who steps on the bathed water stands the chance of carrying the disease (Borokini, & Lawal, 2014). This form of numinous cleanliness or purity promotes paranormal cure since it enables the deities to draw closer to the sick person to exorcise the malevolent powers to make the patient more susceptible to treatment.

4.2.5.2.5 Post Healing at Mallam Abudu Herbal Centre

Mallam Abudu further explained that when the patient beyond all doubt is healed, he or she settles all the accumulated bills and afterwards the patient is fully discharged.

According to the researcher's informant, most at times, the client is made to make part payment before medication starts. But if the client requests for protection, the rightful ritual will be made for him or her.

4.2.5.2.6 Protective Rites in Malam Abudu Herbal and Spiritual Centre

This centre protects people from all kinds of ailments. According to Mallam Abudu, he ensures that people who seek protection from this centre are secured from all kinds of attacks. It was revealed that he has a number of weapons which he uses to fight evil spirits that try to attack his clients. Sometimes also, incisions are made on the client's body and medicine is inserted into them to serve as protection for the client. The client may also be

given some herbal concoction to bath. When the client goes through these acts, he or she is fully protected from all sorts of evil occurrences.

4.2.6 Dr. Abban's Traditional Herbal Centre

4.2.6.1 Identification of Dr. Abban's Traditional Herbal Centre

Dr. Abban Traditional Herbal Centre is located at Kumasi-Labour Office building close to O. A. travel and tour premises adjacent Potter's House Chapel. The centre operates under an uncompleted structure (See Plate 23). It could be observed that the structure has been used for so many years. Beside the structure lies a drainage gutter. The researcher noticed that the clients who go there do not consider the structure and the environment in which he operates but rather the effectiveness of his medicine. There are also some medicinal plants grown close to the centre (See Plate 24). It was disclosed that some of the plants ward-off evil spirits which may come close to the centre. Likewise, Rice (2014) affirmed that some plants like agrimony is a defensive herb used to banish evil spirits and deflect hostile magic.

The centre is managed by Dr. Isaac Abban with four male workers under him. Abban Traditional Herbal Centre was established in 1975 and functions to date. According to Dr. Abban, after completing his Middle School Standard Seven at Asem School, he succeeded his late father as traditional healer. He further stated that before his father died, he taught him the medicinal plants and the sicknesses they could cure. Moreover, he explained that he knows varieties of medicinal plants. Aside the medicinal plants his father taught him, he also helped him to gain spiritual assistance and through that he has spirits which always inspire and assist him throughout the work he does. According to him, these spirits are always with him and he consults them in times of difficulty and they also communicate with him at any time. This statement affirms what the researcher observed while Dr. Abban was working. He mostly murmurs some inaudible words of incantation. For instance, after packaging the herbs one could see him talking at a very low tone onto the herbs. He disclosed that he had spiritual power and as a result he catered for both physical and spiritual diseases. He is of the firm belief that his work involves not only the physical ability but also the spiritual assistance.

Their working days are Sundays, Wednesdays and Fridays. Dr. Abban's area of specialization is treatment of babies, pregnant women and women who need seed of the womb. Some of the diseases he cures are '*asabra*', '*asram*', '*esoro*' (convulsion) and all

kinds of diseases that affect babies and pregnant women. Even though hundreds of people consult him, his charges are very moderate. He charges ₦2.00 and sometimes ₦3.00 depending on the severity of the illness. The highest charge the researcher witnessed was ₦5.00. This centre does not have any signboard or billboard for advertisement but a lot of people visit there.



Plate 23: The structure of Dr. Abban



Plate 24: Medicinal plants around the centre

Herbal Centre

Source: Photographed by the researcher

4.2.6.2 The Medical Practices of Abban Traditional Herbal Centre

4.2.6.2.1 Pre-Diagnosing in Abban Traditional Herbal Centre

A day before working, Dr. Isaac Abban prays to God for successful journey of his clients and also for better service. His way of praying differs from that of the priests and the priestesses. While the priests and priestesses pray along with libation, Dr Abban does his verbally only. He also prays to seek for the assistance of the spirits he works with. According to Dr. Abban, with his spiritual background, the kind of cases which would be coming to him and the type of treatment he should be giving are revealed to him by the spirits after the prayer. Moreover, with the assistance of his workers, he makes provision for the medicine that would be used the following day and package them nicely.

4.2.6.2.2 Modes of Diagnosing Diseases at Abban Traditional Herbal Centre When a patient visits this centre, the healer (Isaac Abban) first enquires from the patient what his or her problem is. Dr. Abban added that there are so many things he looks for as he gathers cues and clues during the time the client is with him. He mostly enquires to know if the problem or the disease is caused by naturalistic or personalistic means. But if he finds that it is a personalistic disease, he approaches with personalistic mode of diagnosing likewise the naturalistic means. Below are his ways of identifying the root cause of problems;

Dr Abban claims to be able to identify people's sicknesses by just gazing at them like what other practitioners also do. There was an incident witnessed by the researcher where Dr. Abban just gazed at a woman who wanted a baby and told her the secret behind her problem. He just informed the woman not to worry herself in seeking for a child because she would not be able to have one. He explained that the woman did not have a womb to carry a baby. For clarification, he asked the woman if what he said was false but the woman divulged that it was the truth. She had a serious problem which damaged her womb and through surgery a medical doctor removed her womb. The researcher asked Dr. Abban about how he got to know it. He stated emphatically that the spirits he works with told him. This attests to the fact that traditional healers who are able to gaze at clients and obtain information from the supernatural, which is not normally available to human beings, have special spiritual backing.

A client also thus shared her experience when she went to Dr. Abban when she was pregnant.

The moment the practitioner saw me, he told me that my child was not well positioned in my womb, and there were also some diseases in my belly which needed immediate remedy even though I had been attending antenatal clinic. He laid me down and positioned the child for me and gave me some herbs to drink. After taking the medicine, I vomited slimy substances like okro and afterwards I became free and delivered safely (TMAFC 6, Personal Communication, 10th March, 2018).

From the narration above, it is obvious that the traditional healer has the power to see beyond the ordinary.

Moreover, Dr. Abban stated that the spirits reveal the various cases that will be coming to him on his next sitting through his dreams. He further stated that because it is the work he does everyday, he always dreams about it and through the dreams, he gets to know what is to come together with new ideas. Sometimes, diseases which his medical deities cannot cure are also revealed to him through dreams. He added that even people who decide to try him are revealed to him by the spirits before he comes to work.

In diagnosing, it was revealed that Dr. Abban, in most cases, as witnessed by the researcher, uses an item similar to a teabag. He holds the top end of the thread on the artefact in front of the patient and by the direction it swings, he is able to read and interpret the cause of the illness to the patient. He stated categorically that he is able to read

meanings to the object by the help of the spirits he works with. In corroboration, Rose (2013) elucidated in her study that those who operate by spiritual means normally explain that the movements of their instruments are caused by some spirits which control the instruments. Dr. Arban added that, apart from the object he uses, when working, the spirits can instruct him to use any object to accomplish the task.

4.2.6.2.3 Pre-Healing at Abban Traditional Herbal Centre

According to the healer, because the spirits he works with are always with him, they always inform him if they can help cure the patient. Dr. Arban stated that this gives him the assurance and guarantee of whatever he does.

The study revealed that after identifying the sickness and knowing about its severity, he makes incantations over an egg and instructs the patient to go and bury it in the ground. In some cases, the traditional healer buries the egg himself. After the egg is buried, the traditional healer again enquires if truly the ailment can be cured. Sometimes, different items like the patient's clothe and other items are collected for special rituals. The items used mostly depend on the instruction given by the spirits.

4.2.6.2.4 Modes of Healing at Dr. Abban Traditional Herbal Centre

Dr. Isaac Abban after identifying the disease and its cause, with the directions from the spirits, prescribes herbs and other substances to the patient. According to Dr. Abban, these spirits talk to him and direct him on the diseases and the type of medicine to be applied. His ways of applying the medicine includes drinking, smearing, bathing and inhaling. According to him, prescriptions are mostly made based on instructions given to him by the spirits he works with. In some cases, based on his knowledge in the traditional medicine, he is also able to prescribe to patients the kind of herbs they should use. He further stated that he had worked for so many years and had encountered almost every sickness people came with, that he knew the right medicine to give the moment a patient started with his or her complaints.

Dr. Abban unveiled that, he worked under his superior (deceased father) for so many years that when it came to herbal medicine, he was really knowledgeable, experienced and every treatment he gave was efficacious unless the patient refused to follow the instructions given. In the words of Ayim-Aboagye (1993) and Lartey (1986), treatment in traditional medication comes with some specific instructions on how to prepare the herb, the dosage

and timeframe for application. It can be stated that if medicine is effective and the patient does not follow the instruction to prepare it well, it will not be potent.

4.2.6.2.5 Post healing at Abban Traditional Herbal Centre

Like what pertains at Mallam Abudu Herbal Centre, at Abban Traditional Herbal Centre, patients are free to go home after they have settled or paid their charges.

4.2.6.2.6 Protective Rites at Abban Traditional Herbal Centre

The study unveiled that Dr. Abban also has the power to protect pregnant women as well as babies in the womb. It is strongly believed that evil spirits or an evil eye can affect both born and unborn babies with severe illnesses (*asabra*, *asram* etc) or may cause the baby to be deformed and even die after and during delivery. For this reason, some pregnant women seek protection from Dr. Abban in order for their babies to be delivered safely and also to prevent child death. In most cases, the pregnant woman is also instructed to drink and bathe with a given medicine in order for her to be entirely protected.

4.2.7 General Methods of Applying Medicine at the Medical Centres

Treatment by the use of herbs, animal parts and mineral substances were seen vibrant throughout the centres visited. It was observed that after treating the client spiritually, other medicines are physically applied to heal the injured body.

In treatment, the use of herbs, tree barks, seeds, roots, whole or part of animals (such as snake's head, chameleon, tortoise, snail, bone of lion etc) and mineral substances (such as alum, powdered ferruginous, clay, kaolin, ant-heap, common salt or rock salt) were mostly applied in curing diseases. Application of the medicine takes a variety of forms. These include incision, enemas, bathing, drinking, massaging, rubbing and others. The details of these methods of applying the medicine in the centres have been discussed in chapter five. The healers made it known that the substances for curing are mostly made potent by the gods and other spirits they serve. They further established that one may see the herbs and use them but these herbs will not work because they have not been made potent by the spirits. Sometimes, the herbs, animal parts and mineral substances lose their potency when evil eyes or evil spirits see them. It is for this reason that traditional healers seek spiritual means to protect these medicines to maintain their efficacy.

4.3 Results and Discussions on Objective Two of the Study: The Asante Art and

Cultural Elements that Feature in the Administration of Asante Traditional Medicine in the Ashanti Region.

Asante Art and culture play significant roles in the administration of Asante traditional medicine. In the Ashanti Region, the Asante people's art and culture are intertwined in their traditional medical practices making it difficult to separate them. It was revealed that some arts and culture have served and are still serving as potent tools in healing all kinds of diseases. In relation to this, the present researcher pointed out in the review of related literature that Camic (2008) had stated that art is indispensable in dealing with all kinds of sicknesses.

Moreover, it was observed that the practitioners' belief systems, values, aspirations and other aspects of culture in traditional medication are established on the instrumental theory, functionalist theory of art and the theory of symbolism. The practitioners and their patients strongly believe that the arts are functional and symbolic and if they are not used, healing, especially spiritual healing will not be achieved.

This objective has been discussed under two main topics, which are: the arts that feature in the medicine and other cultural aspects of the medicine.

4.3.1 The Arts that Feature in the Administration of the Medicine

The role of art in the administration of traditional medicine is very significant since the arts are greatly instrumental in healing and drawing the medical deities for therapeutic activities. According to Osei-Agyeman (1990), it may be safe to state that all the gains, achievements, successes and failures of traditional medication are at the same time the accomplishments and the disappointment of the indigenous spiritual arts. The indigenous art forms which feature in the medication influence greatly on the medicine itself as well as the healers, medical deities and the patients. Recalling from the literature review, The Department of Health Working Group on Arts and Health (2006) reports that the arts have a clear contribution to make and offer major opportunities in the delivery of better health, wellbeing and improved experience for patients and the practitioners alike. The arts which include sculpted images, music, dance, talismans and amulets psychologically influence the patients to feel the active existence of the deities which psychosomatically relieve the patients from their ailments. Similarly, Staricoff et al. (2013), in the literature review affirmed that engagement with artistic activities in traditional medication can enhance

one's mood, emotions, and other psychological states as well as having a salient impact on important physiological parameters.

The arts displayed in the various centres have been grouped and discussed under four major components, which are: Visual Art, Body Art, Performing Arts, and Verbal Arts.

4.3.1.1 Visual Arts

Visual arts are the concepts or ideas expressed in visual forms which can be perceived and touched. According to Carey (1992), they are art forms that focus on the creation of works which are seen and touched. In the context of this thesis, visual art forms are designed for medicinal activities. These art forms in the medicine create the emotional and psychological atmosphere that is conducive to curing diseases. Below are the medical centres and their visual art forms, which, according to the healers, help them to achieve success in their medical practices.

4.3.1.1.1 Visual Art Forms that Feature in the Medicine at KuneGyendu /Bongari shrine

Varieties of visual art forms facilitate the administration of the medicine at the KuneGyendu/Bongari shrine. The visual art forms are functional and symbolic to the traditional healer. Below are the visual art forms that feature in the medicine at KuneGyendu/Bongari shrine;

4.3.1.1.1.1 Spiritual Bucket

This metal bucket (See Plate 25) is filled with concoction and permanently fixed into a pedestal with a cutlass inserted into it. Two pieces of iron rods are also fixed side by side of the bucket holding a piece of cloth (*bandanna*) with seven metal rings hanging beneath it. The concoction, according to Nana Akwasi Asare, the priest of the shrine, is what the deity drinks when thirsty during night operations and this gives him the power to protect patients in the shrine from the attacks of evil forces. Nana Akwasi Asare further established that, the cutlass is used by the deity during night perambulation (protecting and preventing evil spirits from attacking or spreading diseases to the people under the deity's custody). The artistic decorations of the bucket, spiritually protect the medical concoction from malevolent spirits who may intend to render the concoction impotent.

Aside the artistic and mystical roles of the artefact, scientifically, it supports healing. Iron rusts over time when it comes into contact with water and oxygen. The cutlass which is an

iron, inserted in the bucket of water and exposed to oxygen produces oxidised iron (rust). The iron in the water supplies the people who drink it body with an essential nutrient which helps transport oxygen to the blood (Berkeley, 2007; WHO, 2008). In a related matter, Challa (2016) affirms that iron is considered an essential mineral because it is needed to make hemoglobin, a part of blood cells. The role played by iron in healing prompted Barkeley (2007) to point out that rust in water is an "aesthetic contaminant" because it is more likely to harm clothing in the laundry by staining it, than a person drinking it.

The priest stated emphatically that the concoction is very potent in curing numerous diseases. The shrine officials and the patients claim that they drink some of the concoction every morning when they wake up. They declared that the concoction relieves them from body pains, stomach ache and other ailments. Even though the concoction is medicinal, it is uncovered and exposed to all kinds of insects and dust but it is believed that it is spiritually protected by the deity. The nature of the spiritual bucket as earlier described, emotionally strenghtens the confidence level of the patients which intends to achieve successful healing.



Plate 25: A bucket for storing concoction at KuneGyendu/Bongari shrine Source:
Photographed by the researcher

4.3.1.1.2 Knives and Cutlasses

Cutlasses and knives are used in harvesting medicinal plants. It can be observed that without the knives and cutlasses, the harvesting of medicinal plants will be very difficult or impossible in some cases, such as removal of barks of trees or roots.

The study also brought to light that the cutlasses are used for protecting clients from spiritual attacks such as diseases and misfortunes. These cutlasses (See Plate 26) are always bought and brought by the clients who seek for such protection. According to Nana Akwasi Asare, patients who have been restored to health mostly seek for protection against other ailments by handing over their cutlasses to the deity in order for the deity to use them for their protection. Psychologically, when the cutlass is presented to the deity, positive thoughts of complete protection run through the clients' minds and for this reason, their wishes may come to pass. Researchers have established that a person's mind can have a powerful effect on his or her situation and body (Kendra, 2018). Kendra added that immunity is one area where a person's thoughts and attitudes can have a particularly powerful influence.



Plate 26: Cutlasses for protecting patients and other clients who seek spiritual help at

KuneGyendu/Bongari shrine

Source: Photographed by the researcher

4.3.1.1.3 Animal hide and leather ottoman

Leathered ottoman and animal hide are also significant in the administrative process. The study revealed that the deity during diagnoses and healing processes sits on leathered ottoman placed on animal skin. The animal skin is first spread on the floor and the ottoman is later placed on it (See Plate 27). The ottoman is made up of foam covered with dark brown leather. In this regard, it is the priest who physically sits on these objects during medication. However, it is believed that the deity is at such time residing in him. These objects spiritually prevent the curer from opposing spirits that may attack him from the

ground during diagnoses and healing processes. The ottoman also enables the curer to feel comfortable when he sits on it in the course of medication.



Plate 27: The animal hide and an ottoman used in diagnosing and treating ailments at KuneGyendu/Bongari shrine

Source: Photographed by the researcher

4.3.1.1.1.4 Nnaa (Bell)

The *nnaa* is an art form made from a metal plate, shaped like cup with a metal bar dangling in it. The *nnaa* is rung to invite the deity to possess the priest during the administrative process. It also draws in positive, desired and energetic influences into the sanctuary. Similarly, Sharma (2017) stated that bells are used for invoking the gods. In inviting the deity, the *nnaa* is rung severally along with incantations. By so doing, the deity comes and possesses the priest. It was explained that the sound of the *nnaa* (bell) serves as a ringing tone for the deity. It could therefore be noticed that the *nnaa* is instrumental in channeling positive energy to create a harmonious environment during diagnostic and therapeutic processes. The vibration of the *nnaa* is believed to drive out unwanted spirits and negative energies. The ringing bells also maintain the spiritual atmosphere of the temple. Sound affects energy on a physical level, this is because sound is energy and so the bell is both a physical and a symbolic tool in the medication.

Scientifically, the sound of a bell according to Rathorr (2018), clears the thoughts and calms the minds of both the traditional healer and the patient, and helps them to have good level of concentration in order to achieve healing. The sound of ringing bell also works as an antidote to mind problems. More so, the sound of the *nnaa* helps in activating the hearing senses and thereby keeping the hearing abilities of both the healer and the patient intact. From the foregoing, it is obvious that apart from the spiritual roles played by the *nnaa*, scientifically, it has direct or indirect influence on both the patients and the medicine men.



Plate 28: *Nnaa* (bell) at KuneGyendu/Bongari shrine

Source: Photographed by the researcher



4.3.1.1.1.

5 Calabash

Calabash is used for storing black powder (*moto*), kaolin or white powder and other medicines in the temple. The calabash is also used for drinking medicine in the course of healing. The patients and the shrine officials claimed that the calabash cup maintains the temperature and the taste of the medicine. It is sometimes used for collecting blood to the gods during sacrifice in appeasing the gods to retract diseases invoked on an individual. It was explained that the calabashes are light in weight, very easy to use and also facilitate easy administration of the medicine to the patient.

According to Nana Akwasi Asare, the calabash is always used in his centre because, it is always preferred above a plastic cup by the gods, since his medical deities do not appreciate foreign items. The calabashes are very easy to drink medicine from. Also during ritual bathing, a calabash bowl is used. Continuing his narration, Nana Akwasi Asare pointed out that a calabash is used to perform libation to invoke the medical deities and other spirits during rituals such as pacification ceremonies. Vechgel (2013) stated that in Tanzania, traditional healers chant into calabash during spirit possession in order to be temporarily possessed.



Plate 29a: A calabash for storing and Plate 29b: Calabash for drinking blood during collecting medicine sacrifices at KuneGyendu/Bongari shrine

Source: Photographed by the researcher

6 Brass bowl

4.3.1.1.1.

At KuneGyendu/Bongari shrine, brass bowls are sometimes used to carry and store the prepared concoctions. This is done in order to hold the medicine intact for healing. In a related matter, Vasudha (2018) pointed out that water and other liquefied medicinal concoctions stored in a brass vessel increases strength and immunity. It also helps increase haemoglobin count, and improves the general condition of the human skin.

Some of the brass bowls locally known as *yaawa* are used for housing the shrine of the deity. It was revealed that the *Atano* gods are mostly housed in the *yaawa*. The *yaawa* according to Nana Akwasi and his spokesmen, has some spiritual affiliation that is why it is always used to house the *Atano* gods. The brass bowls containing the medicine, are believed to be a temporary abodes of the deities. They are also said to be invited to settle in the bowl during diagnostic and healing periods. Thereafter, the deities are said to leave the bowl to settle in the Tano River, which is said to be their habitat.

The study revealed that the spirit in the brass pan draws in positive and desired energetic powers to the sanctuary throughout therapeutic processes. Nana Akwasi Asare further stated that the brass bowl used in storing and preparing medicine has a lot of domestic characteristics and also has the power to contain everything either solid or liquid. It was concluded that the *Atano* gods have the power to solve all problems which include curing of diseases and protecting members of the community from all kinds of danger. More so, circular items are also thought to be associated with purity and this attests to the fact that the gods are portraying themselves as pure.



4.3.1.1.1.

Plate 30: A brass bowl (Yaawa) for housing the shrine of a deity at
KuneGyendu/Bongari shrine

Source: Photographed by the researcher

7 Stool

One important artefact in Traditional medicine administration is the stool. Stools are traditional seats mostly used in the palace since it is connected to royalty. It is made up of a crescent shaped top with a flat pedestal which makes it sit well on the floor. The stool is hewn out of a piece of wood and it is used by the practitioner in his process of medication. Nana Akwasi Asare sits on it to attract good influence to diagnose and treat all kinds of ailments. In similar but different dimension, Sarpong (1971) stated that the occupant of the stool is spiritually elevated to a sacred realm, thus enabling him or her to be worthy of direct communication with the ancestors and the gods. In some cases, clients or patients are made to sit on the stool during diagnoses and treatment of diseases. More so, the shrine or the image of the deity is sometimes placed on the stool to show his sovereignty and dignity.



Plate 31a: A stool used in Traditional Plate 31b: A shrine of a deity placed on a
medicine administration stool at KuneGyendu/Bongari shrine

Source: Photographed by the researcher

4.3.1.1.1.8 Costume

In traditional medicine administration, the uses of clothes and other ornaments play a tremendous role. In the administration process, special costumes are worn by the traditional priests in order to facilitate the medication. The costumes portray or depict the

4.3.1.1.1.

office and jurisdiction of the priests. Costumes used in KuneGyendu/Bongari shrine include the following;

KNUST



4.3.1.1.8.1 Fugu (smock)

Fugu is a locally made traditional dress mostly used by the Northern people of Ghana. It is made from yarns which are processed by the Northerners themselves. The *fugu* comes in different colours and sizes. The study revealed that in the administration process, *fugu* which serves as a working attire is worn by the priest. The smock studded with talisman and other charms aids patients to develop trust and assurance in the medicine man which psychologically cause effective healing. The smock when worn attracts and draws the medical deities and other benevolent spirits to the healer during diagnoses and healing periods. It was also revealed that the smock when worn by the healer makes him confident since it repels evil spirits from him.



Plate 32a & 32b: Fugu (Smock) of KuneGyendu/Bongari shrine Source:

Photographed by the researcher

4.3.1.1.8.2 Necklaces (charms)

The necklaces are worn by the priest during the administration process. The priest wears all the necklaces (charms) in Plate 33 when he is possessed by his deity. The charms are said to enhance spiritual wisdom, knowledge and power throughout the therapeutic process. The ornaments when worn by the healer are believed to persuade the deity to function very well. The necklaces serve as the abodes of the deities that protect the priest and fight off evil spirits that may challenge or attack the possessed priest during diagnosis and healing processes. It also invokes the medical deity and other benign spirits to support the healer when operating. It could be stated that when the priest appears in these necklaces, psychologically, it builds strong belief and trust when people see him. Nana Akwasi Asare in his explanation pointed out that the charms safeguard him and the sick

person during therapeutic sessions. In similar matter, Bhasin (2008) affirmed that charms also protect the individual against the demonic interference.



Plate 33: Necklaces of KuneGyendu/Bongari shrine Source:
Photographed by the researcher

The artefact in Plate 34 is also an armlet of the deity. This armlet is a band or bracelet worn round the upper part of the priest's arm. It has a conical shape and appears glowing. During diagnosing and healing sessions, this armlet is worn for protection. It also drives out evil spirits at a distance from the shrine.



Plate 34: Armlet of KuneGyendu/Bongari shrine
Source: Photographed by the researcher

4.3.1.1.8.3 Leather bags

Leather bags according to Nana Akwasi Asare are mostly used to store and transport some medicines. More so, the ornaments used in adorning the traditional priest when possessed by his deity are also kept in the bag. It was revealed that most of the traditional healers visited have leather bags. It may be deduced that the locally made leather bags have special association with the medication. It also came to light that the history, records, and other documents of clients are sometimes kept in the bag. The bag according to Nana Akwasi Asare, is used as part of the deity's costume when he mounts his medium. The leather bag is believed to contain some medical charms which empower the healer in the course of diagnosing and healing of ailments.



Plate 35: Leather bag at KuneGyendu/Bongari shrine

Source: Photographed by the researcher

4.3.1.1.9 Sculpted shrines in KuneGyendu/Bongari shrine

In traditional medication, images of gods play a very significant role in the administrative processes. Jung (1964) states that man strongly felt that objects have certain powers and therefore could be symbols. Objects such as stones and sculpted figures are believed to be endowed with powers to express a feeling, for that matter a meaning. In the same vein, several objects associated with symbolism have been assigned meanings and identification in traditional medicine administration.

Moreover, it is believed that these gods inspire man on the right medicine to use in curing all kinds of ailment. The belief in the therapeutic supremacy of the gods is made manifest in the day to day activities of the traditional healer. According to Obinna (2012), the reason behind their rampant use of gods implies that God is the healer but works through mediums such as spirits and deities. It can be noticed from the above assertions that the Supreme

God does not heal or perform any task by Himself. He does everything through the gods who claim to be the mediators between the Supreme God and man.

The sculpted images as temporary abodes of the deities are believed to project the minds of patients to the realm of supernatural to speed up their cure.

Below are some objects said to be the shrine of deities which are used in the administration of traditional medicine in the KuneGyendu/Bongari shrine;

The image (shrine) depicted in Plate 36 is known as *Gyendu*. This image of Gyendu is made up of oval-shaped figures which are mounted on a spherical platform. It is black in appearance and it was revealed that the image acquired its black colour through the frequent pouring of blood on it. This image is believed to accommodate the deity during diagnoses and healing rituals.



Plate 36: Image of Gyendu at KuneGyendu/Bongari shrine Source:
Photographed by the Researcher

The researcher's informant, Nana Akwasi Asare made it known that this deity is a male and very powerful in diagnosing and healing of ailments. *Gyendu* is said to have the power to examine every food item sent to patients at the shrine. If the food is poisoned or contaminated, he reveals it. This helps to prevent patients from eating contaminated and poisoned foods. This deity is also reported to diagnose, prevent, protect and also treat all kinds of illnesses sent to him.

Furthermore, the image (shrine) in Plate 37 is believed embody the god that expels every evil spirit that may thwart the medicine man from achieving effective diagnosing and

healing. It is located outside the shrine because of its duty as a “security officer”. It is circular in shape and designed with cowries. It is located at a hidden place which portrays it as a security agent of the shrine. At its entrance, cowries are used to make a cross sign and other cowries are also aligned vertically at the edges of its entrance. The cross sign was interpreted as the deity’s power to keep watch of every angle (that is, North, South, East and West) of the shrine. This deity also prevents malicious spirits from thwarting the potency of the medicines given to the patient who consults the shrine.

Agya Alhassan, one of the spokesmen of the shrine, continued that when an evil spirit attempts to attack people (patients and other clients) at the shrine, the deity residing in the object protects them and prevents those evil spirits from harming or spreading illnesses. He further stated that this deity arrests thieves who come to the shrine to steal items from patients, which may psychologically affect their conditions.



Plate 37: A security shrine at KuneGyendu/Bongari shrine

Source: Photographed by the researcher

Moreover, the images displayed in Plate 38a are objects believed to house Bongari (a deity) and his siblings. These deities are represented by circular, oval and cylindrical forms which are mounted on a spherical platform. In front of the mounted figures is the image of Bongari (See Plate 38b) when he reveals himself as claimed by Nana Akwasi Asare. According to Bongari, the deity (Personal Communication, 18th March, 2018, when he was possessed by his medium), he cures all kinds of diseases. Bongari further established that because of his ability to heal all kinds of diseases, Otumfuo Osei Tutu II, the King of Asante has awarded him the title *Aduro Ye* (medicine is good) and given him a car which

bears a registration number *Aduro Ye 1*. He claims that he can be compared to none when it comes to medication in the Ashanti Region and even Ghana as a whole. Such avowals made by the deity when he possesses his medium radiate confidence and faith which effectively helps in healing.

With further conversation, the deity (Bungari) revealed that he has told his priest not to advertise the healing centre on social media, not even on a signboard. Because of this, the shrine does not have even a signboard to give direction but a lot of people visit there for medication and other purposes. These objects representing the deities may be regarded as monuments of mystical medicine, reminding the patients and other clients of the everpresence of the healing deities.



Plate 38a: Image of Bungari and his siblings



Plate 38b: The statue of Bungari

Source: Photographed by the researcher

4.3.1.1.10 Vessel for storing water for spiritual purification

The picture below (See Plate 39) is an object used to contain purified water during diagnostic and therapeutic sessions. The water in the object is believed to purify any individual who goes to the shrine. According to Nana Akwasi and his spokesmen, the deity dislikes a lot of things so to play on a safer side, one has to wash his/her hands to make him/her clean in order to be able to consult the deity. There are a lot of cowries surrounding the hole created for the purifying water. In the purifying water is an artefact studded with cowries. The researcher was informed that the purifying water is not only for the purpose

of cleansing, but also for empowering the priest to repel any evil who intends to challenge him during healing.



Plate 39: Vessel for storing water for spiritual purification at KuneGyendu/Bongari shrine

Source: Photographed by the researcher

4.3.1.1.1.11 Altar

An altar is an artistic structure upon which offerings such as sacrifices are made for religious purposes. On the altar, propitiatory sacrifices and other sacrifices are made to appease the deity and other spirits in order to free a patient from his or her illness in the course of healing. Sacrifices are also made on the altar to appeal to the deities for their guidance and protection. The altar is seen as a tool empowering the resources of mystic and assisting the priest to embody those sacred qualities of the deity. Mara (2017) is of the belief that working on the altar is a way of remembering people's sacred connection to their deities and ancestors.

The altar is made up of a curved metal which is permanently fixed on a platform and an oval object hung at the middle with the help of a rope. Amid the curved bar are two pots which are half buried on the pedestal. The pots are surrounded by old rusted cutlasses. According to Gale (1995), an altar may either be grounded or raised structures in the sanctuaries (temples). Similarly, the altar in KuneGyendu/Bongari shrine is a raised structure.



Plate 40: An altar for sacrifices at KuneGyendu/Bongari shrine

Source: Photographed by the researcher

4.3.1.1.12 Statue of Bongari (a deity)

The statue portrays an old man in a smock studded with talismans and holds a whisk in his left hand. He also holds a spear in his right hand ready to throw it. The statue depicts his readiness to attack. It is mounted in front of the sanctuary he dwells. The posture of the statue may be interpreted as the deity is ever ready to protect and attack any evil spirit that may come near his clients. Psychologically, when people see such figures, it strengthens their belief in the deity and have the assurance that they will be healed.



Plate 41: Bongari's statue at KuneGyendu/Bongari shrine

Source: Photographed by the researcher.

4.3.1.1.13 Fly Whisk

The whisk is an artefact with various importance in the administration of the medicine. It is believed to be a very powerful tool which is used to ward off evil spirits during therapeutic sessions. The fly whisk is also used to diagnose and heal some kind of diseases as pointed out earlier. It was observed that the deity when operating through the priest (Nana Akwasi Asare) holds the whisk throughout the administration processes to conjure supernatural powers. The handle of the whisk is aligned with a number of cowries.

Spiritually, cowries signify the deity's connection to a family of spirits. It also signifies the deity's protection when operating. It is very powerful and connected to the strength of the ocean and other spirits (Bougas 2017). The whisk is also believed to be used to draw medical spirits to the priest when curing diseases.



Plat 42: A fly whisk at KuneGyendu/Bongari shrine

Source: Photographed by the researcher

4.3.1.1.14 Spear

The spear in Plate 43 is an iron metal pole weapon consisting of a shaft with a pointed head. This metal pole weapon with a sharp point head according to Nana Akwasi Asare, is either thrown or thrust at an adversary by the deity. This spear is fixed on the ground in front of the shrine. Sharma (2013) stated that because of the vitality and energy iron produces, it is placed in the four directions at home, or on our property to ward off evil spirits. Nana Akwasi Asare also added that the spear is used as a protective tool by the deity for guarding and preventing evil forces from attacking patients at the shrine and persons under his care. The deity uses it to apprehend witches that function as disease

causing agents in order for the arrested witches to provide medicine for the well-being of the patient they are bewitching.



Plate 43: A spear at KuneGyendu/Bongari shrine

Source: Photographed by the researcher

4.3.1.1.1.15 Umbrella

An umbrella in this shrine is made up of a folded canopy supported by metal ribs, which is mounted on a wooden pole. At KuneGyendu/Bongari shrine, the umbrella is fixed onto the ceiling. It is widely opened and hangs on the images (shrines) representing the deities. The priest explained that the deity is a king and is treated as such. The umbrella gives the deity honour and prestige. It also makes the deity stand tall among the other deities. The umbrella according to the priest, spiritually protects him and the patients from spiritual attacks especially those from the sky in the course of diagnosing and healing. While commenting on the function of the umbrella, Nana Akwasi Asare pointed out that when the deity is highly adored in the umbrella, it instigates him to always come out of his best during diagnoses and treatment of various ailments.



Plate 44: An umbrella at KuneGyendu/Bongari shrine

Source: Photographed by the researcher

4.3.1.1.1.16 Sword

This sword is made up of a blade, and a hilt of carved metal. The sword makes one become a chief (Asiedu, 2010). It can be attested that the deity bearing the sword portrays his office as a chief. The sword also signifies the power and the authority of the deity. Asiedu (2010) further added that the sword opens the way for the chief to speak. In other words, without this sword, the chief (deity) cannot speak with authority. It was revealed that with the sword in his hand, he is able to diagnose and treat ailments with power and authority. Also it helps other benevolent spirits who assist the deity in the therapeutic period to submit themselves to him because of the sword he bears. In this case, some of the benevolent spirits are sent by the deity to various places (for instance to apprehend witches) in order for the patient to regain his or her health.



Plate 45: Sword at KuneGyendu/Bongari shrine

Source: Photographed by the researcher

4.3.1.1.1.17 Artistic Arrangement of Animal Jaws

The jaws of the various animals which have been sacrificed are nicely arranged and hung at the top entrance of the temple. The way these bones have been arranged, the number and where they have been hung create some emotions (frightful scene). This psychologically makes people who go there believe strongly in the potency of the priest and his gods. This is because people believe that when dreadful items are attached to traditional priests, it signifies that they are powerful and very potent. The psychological and psychosomatic impression created by the artistic arrangement of the jaws radiate effective healing.



Plate 46: Artistic arrangement of animal jaws at KuneGyendu/Bongari shrine

Source: Photographed by the researcher

4.3.1.1.1.18 Mini Sculpture (doll)

The doll (*Akuaba*) is a wooden fertility ritual which is believed to assist women to have children. The doll is also thought to aid the divinity to maintain mystical link with people. According to Nana Akwasi Asare, the mini sculptures found at his medical centre signify the powers of the deities to provide children for people who are in need. The *akuaba* (mini sculpture) which has a large disc-like head is also used for ritual purposes with regards to healing as well as the offensive and defensive use of medicine for attacks upon enemies and defense against the spiritual attacks from enemies.

A client stated:

An evil spirit was tormenting and frightening me at nights so, I went to Nana and explained everything to him. After performing some rituals on a doll (mini sculpture), he gave it to me and asked me to sleep with the doll. I followed the directives given to me by the priest and that ended the problem (TMAMC 6, Personal Communication, 18th March, 2018).

It is for such instances that Reimer (1999) states that dolls embodies the concept of healing negative energy while gaining spiritual enlightenment and protection. It creates emotional level for rejuvenation and spiritual renewal.



Plate 47: Mini sculpture at KuneGyendu/Bongari shrine

Source: Photographed by the researcher

4.3.1.1.19 Protective Artefact

The artefact in Plate (48) is used for protection and warding-off all evil spirits and other malevolent spirits during therapeutic session. This art form looks glossy and dark in appearance. It is oval in shape and at the tail is attached a long animal fur. This item hangs from the ceiling and it is used for protecting the medicine man as well as the patients from all kinds of attacks in the course of healing. It also banishes unwanted spirits and clear stagnant energy in any space throughout the temple in the course of diagnosing and healing processes.



Plate 48: A protective artefact at KuneGyendu/Bongari shrine

Source: Photographed by the researcher

4.3.1.1.1.20 Posters

At Gyendu shrine, the rules and regulations of the shrine are written on the wall and also printed and pasted for every individual to observe. These informations help clients to abide by the rules of the shrine so as to make the medicine given to them potent. Patients who go contrary to these rules and regulations reduce the potency of the medicines. It was told that anyone who defaults any of these rules also faces the wrath of the deity.

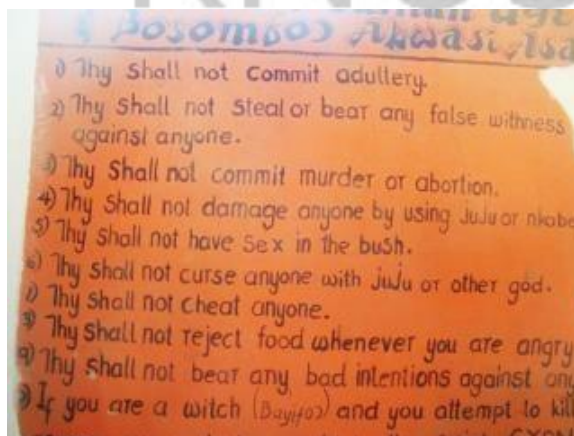


Plate 49: A notice at KuneGyendu/Bongari shrine

Source: Photographed by the researcher

4.3.1.1.1.21 Musical Instruments

Musical instruments are instruments created or adapted to make musical sounds. The musical instruments used in KuneGyendu/Bongari shrine are local drums (*Atumpan*, *Penten*, *Mrɛketɛ*, *Mpentema*, *Dondo*), *Maracas* and *Dawuro*. These musical instruments when played together give a very good sound which are said to entice the deity to possess the priest to display diagnosing and healing powers. According to Nana Akwasi Asare, when these instruments are played, the deity possesses him unawares. *Okyeame* Yaw Owusu added that the moment the deity possesses the priest, he dances to the tune of the musical instrument and starts diagnosing and healing people. It can be deduced that the musical instruments facilitate spirit possession when played.

Scientific studies have also proven the health benefits of playing musical instruments. For instance, Northrup (2016) in his study revealed that drumming is a powerful therapeutic tool in helping retrain the brains of people who have some level of damage or impairment,

such as with Attention Deficit Disorder (ADD) and where there is neurological disease such as Parkinson's. It helps to control chronic pain. That is, drumming promotes the production of endorphins and endogenous opiates, which are the body's own morphinelike painkillers. It also boosts the immune system (Northrup, 2016).



Plate: 50



Plate: 51



Plate 52

Plate 50 to 52: Musical instruments at KuneGyendu/Bongari shrine Source:

Photographed by the researcher

4.3.1.1.2 Visual Art forms that feature in the Administration of traditional medicine at Asuo Abresua Shrine

Below are the various Visual Art Forms used in the administration of traditional medicine at Asuo Abresua shrine;

4.3.1.1.2.1 Nsumaama

The *nsumaama* are artefacts that the deity (Asuo Abresua) uses as adornments and charms when she mounts on her medium. According to Okomfo Akosua Adutwumwaa, the *nsumaama* are very precious to the deity and assist her to exhibit her healing powers. The *nsumaama* are worn at the arms, knees and necks. Below are the detailed description of the various *nsumaama*:

4.3.1.1.2.1 Arms and Knees Ornaments (Nsumaama)

The *nsumaama* which are worn at the knees (See Plate 53a) are made of threaded beads attached with cowries and a metal object shaped like a shell. The arm ornaments (See Plate 53b) are also made up of two metal rings. The metal which has been used to fashion the arm and the knees ornaments is copper. Copper according to Sharma (2013), is excellent in drawing supernatural energy, so very often, it is used for making healing wands.

It was revealed that the priestess when possessed by the deity, wears *nsumaama* around the knees and the arms as defensive tools. These ornaments when worn also fight and ward off evil forces that may come closer to the possessed priestess during the administration processes. The study revealed that when deities are operating through their priests and priestesses, there are a lot of negative forces which also attack them. The *nsumaama* help to fight against every unfamiliar spirit that may attack the priestess's arms and knees during diagnoses and healing sessions.



Plate 53a: Nsumaama for the arm at Asuo
Abresua shrine



Plate 53b: Nsumaama for the knee at
Asuo Abresua shrine

Source: Photographed by the researcher

4.3.1.1.2.2 Nsumaama (Necklace)

This is also another art form which is worn at the neck when the priestess is possessed by the deity. It is made of threaded beads with an oval shaped object attached to it. The individual beads which have been used are large in size and it can be observed that it was

specially made for such purpose. This necklace during medication is worn by the priestess to protect and defend herself and patients against bad spirits that may attack them. It also helps the priestess spiritually in the performance of her duties during diagnosing and treatment of diseases. This adornment is very powerful and repels unfamiliar spirits that may thwart medication. The necklace also conjures powers to the healer during healing. Even though KuneGyendu/Bongari shrine uses necklaces in his therapeutic processes, it could be observed that there are vast differences between his and that of Asuo Abresua shrine. While Asuo Abresua shrine's necklace is made of beads, that of KuneGyendu /Bongari shrine is made of a different material. Moreover, the shapes, sizes and colours of the necklaces also differ. It could also be seen that the necklaces of KuneGyendu /Bongari shrine are heavier in weight as compared to that of Asuo Abresua shrine.



Plate 54: Nsumaama (necklace) at Asuo Abresua shrine

Source: Photographed by the researcher

4.3.1.1.2.2 Yentumi

The *yentumi* which is translated as “we can’t” are artefacts used by the deity (possessed priestess) during diagnoses and healing periods. The *yentumi* also suggests that absolutely nobody can harm or venture the priestess when operating. This artefact is worn to protect the chest, stomach and the back of the possessed priestess during the medical administration processes. It is also used for protecting and warding off unfamiliar spirits that may be hindrance to the success of the healer’s work. These artefacts when worn by the priestess psychologically, give her confidence and power to work.



55a



Plate 55b:

Plate

Plate 55a & Plate 55b: *Yentumi* at Asuo Abresua shrine

Source: Photographed by the researcher

4.3.1.1.2.3 Raffia Fibre (*doso*)

The raffia fibre is a garment made with layers of plant fibres such as grasses that are fastened at the waistline. During possession, the priestess who appears to be in trance wears the raffia fibre. This raffia fibre is pinned with many protective charms, bells and cowries. The *doso* serves as the working attire for the deity. The *doso* when worn protects the priestess and also repels unfamiliar spirits during diagnosing and healing processes. The bells attached to the skirt invite benevolent spirits to the priestess when operating especially in times of difficulty.

There is also another *doso* made of white woven rubber sack (woven polypropylene sack). This type of *doso* is also studded with cowries and other charms at the waistline. It performs the same function as the raffia fibre.



Plate 56: A raffia fibre (*doso*) at Asuo Abresua shrine

Source: Photographed by the researcher

4.3.1.1.2.4 Smock (*fugu*)

The smocks are made up of cotton and are of different colours. It is worn by kings in the three Northern Regions of Ghana. It can be observed that these deities portray themselves as kings that is why they prefer the smock. The smocks used at this shrine are similar to that of KuneGyendu/Bongari shrine. Both smocks also perform the same function in the administration of the medicine.

It also came to light that during diagnosing, the smock is sometimes used to cover the patient. This practice helps to unveil the root cause of the patients's ailments.



Plate 57: A smock (*fugu*) at Asuo Abresua shrine

Source: Photographed by the researcher

4.3.1.1.2.5 Socks and Shoes

Socks are garments worn at the foot and part of the leg. It is typically knitted from cotton. Shoe, on the other hand is an item of footwear intended to protect and comfort the priestess' foot while she is doing various activities (such as dancing and moving round) when possessed by her deity. The shoes and the socks are worn in the course of diagnoses and healing processes. According to Okomfo Akosua Adutwumwaa, these are worn when she is possessed by Kramo Seidu (a deity). These items serve as protection and also prevent the priestess from getting hurt when she steps on a harmful object. Also, the shoes spiritually protect the healer from stepping on spells and malicious forces that may attack her from the ground in the course of treatment while dancing in trance.



Plate 58: Socks at Asuo Abresua shrine

Source: Photographed by the researcher

4.3.1.1.2.6 Charms (Nkyekyree)

The charms below are used as magical objects for protecting people from attracting sicknesses. Also, after a successful healing, a charm may be given to the client to continue to allure the protective powers. The charms according to Okomfo Akosua Adutwumwaa, protect her against malevolent powers during diagnosing and healing. It also thwarts every evil spirit that may intend to render the medication impotent. The charms given to patients serve as the shrine of the deity and no matter where it is taken to, it still retains the mystical

bond between the deity and the bearer. The padlock according to Okomfo Akosua Adutwumwaa, is usually opened to free patients from the grip of sorcerers. It is also used to lock evil spirits that torment people.



Plate 59a



Plate 59b



Plate 59c

Plate 59a to 59c: Charms (*Nkyekyree*) at Asuo Abresua shrine Source:

Photographed by the researcher

4.3.1.1.2.7 *Kɔ Ntɛm bra Ntɛm* (go fast and return fast)

This art form is made up of a bottle and a padlock. It is used to fast track things and it works like magic. *Kɔ ntɛm bra ntɛm* is used by Kramo Seidu (one of the deities). It was revealed that in supernatural medication, speed is an essential feature. Parish (2003) pointed out that the deities' helpers, the dwarfs, possess a very great speed in moving from countries to countries and from places to places in solving clients' problems. The artefact is used during disease diagnosing to find out the agents behind the patient's ailments. According to the priestess, the *Kɔ ntɛm bra ntɛm* statuette is a shrine of a deity, in diagnosing, the shrine in the bottle runs very fast spiritually into the sick person's family to find out the cause of his or her ailment and the person behind it. It also helps to call on other benevolent spirits in times of emergency to support the healing activities. Aside these therapeutic benefits, it was revealed that when a client is engaged in court case, this artefact upon incantation helps to redeem the client from the case. Moreover, when someone wants to do something against a fellow, this artefact through incantation is used. It was observed that the artefact serves as a deity since all deities have the capacity to commit good and

evil (Fink, 1990). The padlock is used to lock malevolents spirits who torment patients as earlier stated.



Plate 60: *Ko Ntem bra Ntem* statutte at Asuo Abresua shrine

Source: Photographed by the researcher

4.3.1.1.2.8 Kramo Dua (club)

According to Okomfo Akosu Adutwumwaa, the club is used by Kramo Seidu (one of the deities) for protecting clients in his custody. The deity who is also a witch-hunting god is said to use the stick to apprehend witches and other evil spirits which attack and torment his clients. The club is used together with the '*ko Ntem bra ntem*' artefact. In diagnosing and healing, the club functions as a protector, defending both the healer and the patient. The club is always held in the priestess' hand whenever she is possessed by Kramo Seidu. The priestess further established that the club signifies the deity's power.



Plate 61: Kramo dua at Asuo Abresua shrine

Picture taken by the researcher

4.3.1.1.2.9 Talisman and Amulet at Asuo Abresua shrine

Talismans and Amulets play significant roles in traditional medication. The talisman according to Okomfo Akosua Adutwumwaa is made of burnt herbs and animal parts (black powder) which has been inserted in a leather. In some cases, the talisman contains cowries enclosed in leather. These talismans according to the researcher's informants are imbued with spiritual powers and are used to heal and protect bearers from all kinds of diseases and spiritual attacks. In affirming this, Okomfo Ata (Personal Communication, 3rd February, 2018) stated that once the amulets are consecrated, they are used to protect people from spiritual predators and all kinds of diseases caused by opposing forces. The talismans and the amulets are mostly used depending on the instruction given by the practitioner.

They are also used to radiate powers. The amulets and talismans ward off curses, hexes and evil eyes that may render the medicine impotent. Similarly, Rosner (1999) in his study found that people attempt to ward off evil spirits, misfortunes and sicknesses by wearing amulets, parchments or metal discs inscribed with various formulae to protect and heal the bearer. However, from the following enumeration, it becomes clear that the amulets and talismans are products of magical arts and when these artefacts are invoked into being through magical acts, they are believed to have special powers to protect the wearer.

The study revealed that both the clients and the traditional healer wear talismans. The healer wears the talisman for protection against all forms of attacks and to also attract

benevolent spirits in the course of diagnosing and healing. It therefore provides security and protection for the bearers. The study again revealed that the talisman works only when it is carried on the person. Without it, the individual will not gain any benefit. For instance, in the case of protection, the individual will completely be vulnerable without being in possession of the talisman.

4.3.1.1.2.10 Protective Artefacts

According to Okomfo Akosua Adutwumwaa and her spokesperson, the artefact in Plate 62a is used spiritually as a walking stick by the deity. This walking stick is used for protecting and defending the deity from all kinds of spiritual attacks when operating through her medium. In healing patients and performing other activities especially in public, this stick is held tightly in the possessed priestess hand in order to conjure powers for successful accomplishment of her task. At nights, it is believed to protect and defend clients from evil attacks.

The other tool in Plate 62b according to the priestess, is also used for protecting and fighting against evil spirits that cause ailments or destroy people. This tool is always placed at the top of the door leading to the sanctuary. It has a very pointed tip. The protective tools defend both the healer and the patients during diagnosing and healing sessions.



Plate 62a Plate 62b

Plates 62a & 62b: Protective Artefacts at Asuo Abresua shrine Source:

Photographed by the researcher

4.3.1.1.2.11 Spear

The metal rod in Plate 63 is also one of the protective tools. It is stuck in front of the temple as in the case of KuneGyendu/Bongari shrine and performs the same therapeutic functions. It has a pointed tip which according to the priestess, is used to strike adversaries. Okomfo Akosua Adutwumwaa further stated that the artefact is used spiritually, to pierce detractors who come close to clients under the deity's protection. The tip of this spear differs from that of KuneGyendu/Bongari.



Plate 63: A spear at Asuo Abresua shrine

Source: Photographed by the researcher

4.3.1.1.2.12 Gun

According to Okomfo Akosua Adutwumwaa, the gun is used to invite the medical deity during diagnostic and therapeutic sessions. She added that the gun is also used to perform other rituals which include destroying evil spirits or detractors. The gun is used during cultic sessions to make an individual immune to gun shots (Owusu-Boakye, 2012). The gun is locally made and it is commonly known as *teabɔɔfrɛ*. In most cases, gun powder is used to fire it. It is used to protect the patient as well as the priestess during diagnoses and healing processes.



Plate 64: A gun at Asuo Abresua shrine

Source: Photographed by the researcher

4.3.1.1.2.13 Toy Snake

The toy snake according to Okomfo Akosua Adutwumwaa, is used for protecting people who seek refuge from the deity. It is also used for tormenting perpetrators who try to spread diseases or attack people under the care of the deity. Even though it is a toy, after activating it with ritual performances, it is believed to start performing the instruction given to it. It was revealed that sometimes it is instructed to chase perpetrators. It could be stated that the deities and other spirits have the power to make immovable items movable spiritually.



Plate 65: A toy sksnake at Asuo Abresua shrine

Source: Photographed by the researcher

4.3.1.1.2.14 Nnaa

The *nnaa* used in this particular shrine is similar to that of KuneGyendu/Bongari shrine in terms of characteristics, and it is said to perform the same medical roles. The *nnaa* according to the priestess, is used to invoke the medical deity into her medium during diagnoses and healing processes as stated earlier. Moreover, as ealier mentioned, Okomfo Adutwumwaa also affirmed that the moment the *nnaa* is tinkled, everywhere the deity is, she runs to the shrine. It can be deduced that the deities are not ominipresent but they hear their calling everywhere they are since they link up with other spirits hovering around.



Plate 66: Nnaa of Asuo Abresua shrine

Source: Photographed by the researcher

4.3.1.1.2.15 *Asipim* (chair)

According to Owusu the spokesperson of the centre, when *Asuo Abresua* the deity possesses the priestess and she is about to operate, she sits on the *asipim* chair. The reason behind the use of the *asipim* is that the deity is said to be a king and is treated as such. The *asipim* is mostly used by kings in the Akan communities. Kyeremateng (1980) stated that *asipim* may be interpreted as “sturdy” or “well established”. It could be construed that the priestess is well established in her office. The back-rest of the chair is inclined back as in the usual *asipim* style. The back-rest is designed with embossed sword crossing each other. The *asipim* chair has spiritual affiliations which support the healer throughout the healing processes. According to the priestess, it also attracts other kinds of spirits the moment she sits on it for treatment.



Plate 67: An *asipim* chair at *Asuo Abresua* shrine

Source: Photographed by the researcher

4.3.1.1.2.16 Stool

In the administrative process, the priestess sometimes sits on the stool to diagnose diseases and also to heal patients. She also sits on the stool to preside over shrine observances. On top of the stool lies a pillow which makes it comfortable for the priestess to sit on. This stool according to the priestess, was given to her after she was trained and graduated as a priestess since it is a seat of wisdom and power. Rooney (1988) stated that, the stool is the main symbol of the occupant's power. It gives Nana Akosua Adutwumwaa the power as a recognised priestess by the society. In similar dimension, Owusu-Boakye (2012) states

that stool is an embodiment of the soul of the society and any person who is mandated to sit on it has the total support of the society. In this regard, the priestess has the full support of the community and is recognised by all the members of the community as the traditional healer.

The stool according to Nana Akosua Adutwumwaa and her spokesman, is said to embody ancestral spirits and benevolent influences which support her in the diagnoses and treatment of ailments. The priestess further added that when she sits on the stool during diagnoses and healing, she becomes spiritually fortified and diagnose with power and authority. It was revealed that libation is offered to the ancestors through the stool to seek strength and protection against evil spirits like witches and the prevention and removal of pain during medication.

Moreover, Nana Akosua Adutwumwaa added that in curing illnesses especially lingering and chronic diseases, the patient is made to sit on a special stool at the same time as the priestess performs rituals, the sick person recovers from the ailment.



Plate 68: A stool at Asuo Abresua shrine

Source: Photographed by the researcher

4.3.1.1.2.17 Mat

The carpet or mat is used by Kramo Seidu (a deity) when he mounts on his medium to operate. According to the priestess, when the deity possesses her, she sits on the mat to diagnose and treat all kinds of diseases. She further added that this makes her deity sit and fold his legs comfortably to treat patients. Also, people who offend the deity are made to kneel or kowtow on the mat for the necessary ritual to be performed in order for him or her to be liberated.



Plate 69: A carpet at Asuo Abresua shrine Source:
Photographed by the researcher

4.3.1.1.2.18 Sword (Afiena)

The swords are leaned against the shrine of the deity to show the power and superiority of the deity. These swords are similar to that of KuneGyendu /Bongari shrine in terms of characteristics and medical functions. It was observed that while the swords in Asuo Abresua shrine are leaned against the deity, those at KuneGyendu /Bongari are hung under the umbrella which is widely opened over the shrine.



Plate 70: Sword at Asuo Abresua shrine
Source: Photographed by the researcher

4.3.1.1.2.19 Pots

The pots are made of clay and are oval in shape. The pots are used for storing and boiling medicines for patients. It was revealed that the deity always instructs the priestess to boil the medicine in traditional pots for patients. It was disclosed that the use of the pot has

scientific benefits to human health. It was significantly and interestingly noted that clay is alkaline in nature and when it interacts with the acidity in the medicine, they neutralize the pH balance and eventually makes the medicine healthier (Sarika, 2017). Sarika further states that the clay pots are believed to provide the required minerals including calcium, magnesium, iron, phosphorus and sulphur that benefit human health. It could be stated that, the deities know the benefits of clay pots to human health that is why they always instruct their mediums to use the pot in boiling the medicine.



Plate 71: Pots at Asuo Abresua shrine

Source: Photographed by the researcher

4.3.1.1.2.20 Calabash

The calabash is used for storing kaolin and powder. According to the spokesperson (Akwasi Owusu), when the priestess is possessed by the deity, powder is thrown from the calabash on the possessed priestess. The powder is believed to have power to retain the deity until the end of diagnosis and healing.



Plate 72: A calabash for storing powder at Asuo Abresua shrine

Source: Photographed by the researcher

4.3.1.1.2.21 Drums

The drums which are part of the musical instruments at the shrine are also used to invite the medical deities. It was observed that, the drums have been an intrinsic part of this shrine's life for years and it is used to celebrate almost all the activities of the shrine. The

drums when played, serve as a way of worshipping the deity and also play a communicative role. They facilitate the healing process and also give the deity the chance to display in public.

The drums used in Asuo Abresua shrine are *Atumpan*, *Dawuro*, *Pentin*, *Mpentema* and *Mrekete*. The *Mrekete* which is shown in Plate 73a is used to lead the deity when going out of the shrine while possessed. The drums are made up of a skin or drumhead stretched over an open end of a frame or 'shell'. The shells are constructed from wood.



Plate 73a: Mrekete



Plate 73ab: Pair of Atumpan

Source: Photographed by the researcher

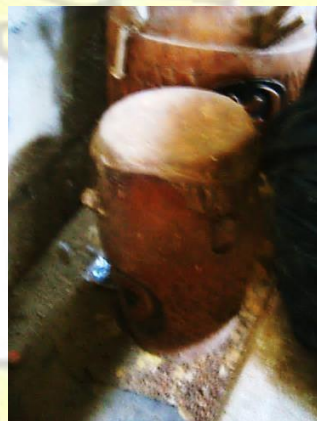


Plate 73c: Mpentema



Plate 73d: Pentin

Source: Photographed by the researcher

4.3.1.1.2.22 The images (shrines) of the Gods (Abosom) in Asuo Abresua Shrine The gods or deities are supernatural beings considered divine or sacred. There are a lot of images of deities which have been mounted at Asuo Abresua shrine. The researcher was told that, it is not advisable for the names of these deities to be mentioned. It was explained

that knowing their names, one may infect them with their taboos which can strip them off their powers. Below are the various images (shrines) of gods found at the centre;

4.3.1.1.2.22.1 Images of Security gods

The images below are gods which serve as security officers of the shrine and attack every evil spirit which intends to render the medicine as well as the healer powerless. These deities allegedly make spiritual checks before one enters the shrine. They also protect patients who are at the shrine seeking for health. According to the priestess, various jobs assigned to the deities are perfectly done by them. She further stated that even if she is out of the shrine and someone enters, she gets to know from where she is, through the security deities. This attests to the fact that the deities link up with the priestess everywhere she goes. The safekeeping of the security agents of the centre helps in achieving successful religious medicine.



74a



Plate 74b

Plate

Plate 74a & 74b: Shrines of Security deities at Asuo Abresua centre

Source: Photographed by the researcher

The image in Plate 75a is also a deity which is situated in an open area in the middle of the compound. The shrine of the deity is made up of a pot which is covered with an earthenware dish and lies comfortably on three-pronged post. Before any activity is carried out, this deity is first consulted. For instance, when a client comes with a problem, the priestess Akosua Adutwumwaa first performs libation to call on the spirits and present the client's reasons for seeing them to the deity before the other gods who are housed in the temple are consulted. For instance, when the researcher went to the shrine, this shrine (deity) was first consulted and the reason behind his consultation was explained to the deity through libation performed by the priestess. Afterwards, an egg was thrown against the pot and the shell of the egg got stuck onto the pot signifying that the researcher was

welcome and has been received by the deities. Suddenly the researcher heard a strange sound from the roof that houses the deities. The researcher asked of the strange sound he heard and it was explained that it is the sign which indicates the arrival of the dwarfs. The priestess further stated that when the dwarfs are coming, they first land on the roof before they descend. From the narration, it is obvious that the image (shrine) of the deity serves as a channel through which the plea of the patient is heard by the medical deities. Also, it is interesting to note that, the deity's denial will prevent the patient from attaining his or her health. The shrine also helps to draw the medical deities to the centre for successful healing.

The sculpture piece in Plate 75b is also said to embody a deity believed to draw medical spirits during diagnoses and healing processes and also fend off evil spirits from thwarting the medicine. This image is a sculpted male statuette seated with the legs stretched forward. The hands of the figure are folded at it's back and it is mounted on a high concrete pedestal. This deity is situated in front of the deity in Plate 75a and they work hand in hand. Before consulting the medical deities, the priestess and the client stand with their bare foot in front of the shrine and performs libation to call on the deities. Here, series of incantations are made and the problem brought by the client is made known to the deities.



Plate 75a



Plate 75b

Plate 75a & 75b: Image of deities at Asuo Abresua shrine

Source: Photographed by the researcher

The shrine of the deity in Plate 76a according to Okyeame Akwasi Owusu also protects patients and other clients who seek refuge from the shrine. This art form is made up of two pots, one situated on an oval pedestal and the other one is half buried in the ground in front of the oval pedestal with its top showing. Inside the pots are medical concoctions. The medical concoction is bathed and drunk to cure diseases. The medicine when bathed, also protects and prevents clients from evil attacks and gun shots. The pot which is believed to accommodate the deity also functions as a preserver. It protects and preserves the concoction which according to Okomfo Akosua Adutwumwaa and her spokesman, are used in ritual bath and treatment of severe ailments.

The other deity in Plate 76b is also made up of a pot which also rests on three-pronged post. This deity also provides protection for clients. It was reviewed that divinities have special preference for clay pots especially, those that have been moulded by women in their menopause as declared by the researcher's respondents.



76a



Plate 76b

Plate

Plate 76a & 76b: Shrines at Asuo Abresua shrine

Source: Photographed by the researcher

According to the priestess and her spokesman, the shrines in Plates 77a to 77d are the abodes of witch-hunting deities which apprehend witches who spread diseases and cause destruction to clients under their care. They have the power to do both good and bad. It was explained that the deity *Asuo Abresua* is the greatest of the gods in the shrine and

cannot be sent. It is therefore the duty of the minor gods to be sent to perform various tasks assigned to them.



Plate 77a



Plate 77b



Plate 77c



Plate 77d

Plate 77a to 77d: Images (shrines) of gods in Asuo Abresua shrine Source:

Photographed by the researcher

4.3.1.1.2.23 Fly Whisk

It is believed that the fly whisk is a very powerful tool which is used to ward off evil spirits. The fly whisk is mostly held by the priestess during the administrative processes. Okomfo

Akosua Adutwumwaa further added that the whisk is used to perform a lot of activities when she is possessed by her deity. These include keeping off spiritual bullets and also diagnosing diseases. It can be observed that, the use of the flying whisk in this shrine is the same as that of KuneGyendu/Bongari shrine. Moreover, while the whisk used in Asuo Abresua shrine does not have any cowry studded at its handle that of KuneGyendu/Bongari shrine is studded with cowries. It was disclosed that the whisk is also used to curb and reduce evil influences and conjure powers during diagnosis and healing of ailments.



Plate 78: Fly Whisk at Asuo Abresua shrine

Source: Photographed by the researcher

4.3.1.1.2.24 Photographs

In the sanctuary, numerous pictures are pasted on the walls. These pictures include the priestess in trance, the priestess fully dressed in the costume of the deities ready to take action and others. These photographs have the power to strengthen the patient's belief about the deity. Psychologically, when patients see these kinds of pictures, it gives them the assurance that the priestess and her deities are very powerful and can solve every problem sent to them.

4.3.1.1.3 Visual Artefacts used in the Administration of Traditional Medicine at Bokankye Akua Gyabon Shrine

The role of Visual Art forms in the administration of traditional medicine in Bokankye

Akua Gyabon shrine is numerous. According to the priestess, her act of healing in Bokankye Akua Gyabon shrine involves visual art form. It can be stated that visual art forms are indispensable in the administration of traditional medicine at Bokankye Akua Gyabon shrine.

The visual art forms below are used in Bokankye Akua Gyabon shrine in the administration of the medicine;

4.3.1.1.3.1 Nsumaama

The *nsumaama* is worn by the priestess when she is possessed by the deity. It is used to ward off unfamiliar spirits and also to protect the possessed priestess (Fati Haruna) during the administration process. The *nsumaama* are black in colour and they are attached with cowries. According to Okomfo Fati Haruna, spiritually the *nsumaama* are like snakes. She further established that she feels the movement of the snakes around her body when she wears the *nsumaama*. It can be observed that the *nsumaama* in Bokankye Akua Gyabon shrine are similar to that of Asuo Abresua shrine. Both perform the same therapeutic functions.



Plate 79: *Nsumaama* (worn as necklace) at Bokankye Akua Gyabon Shrine

Source: Photographed by the researcher

Akin to what Asuo Abresua priestess uses in dressing and warding off all evil attacks when diagnosing and healing, Okomfo Fati Haruna of Bokankye Akua Gyabon shrine also wears *nsumaama* on the arm and the neck in performing the same task. The artefacts are also used to conjure powers in the therapeutic processes.

A piece of white calico cloth (sash) is used as girdle to hold the cloth worn on the breast. The sash is sometimes worn across the body of the priestess. It is studded with cowry shells all over and used for protecting the priestess during medication. It also invokes and attracts benevolent spirits to support the diagnoses and treatment of ailments.



Plate 80: *Nsumaama* (worn as armlet) and sash studded with cowry shells at Bokankye Akua Gyabon shrine

Source: Photographed by the researcher

The art form below (Plate 81) according to Okomfo Fati Haruna, is a necklace used for preventing all evil spirits from attacking her during diagnosis and healing. The artefact is made up of series of dotted items interlaced with thread and worn during the diagnosing and healing processes. It is sometime tied around her head. According to the priestess, it also attracts spirits to assist her in difficult situations when treating diseases. It was revealed that sometimes it is worn by the patient during diagnosis session in order for the disease causing agent to speak through him or her.



Plate 81: A Necklace at Bokankye Akua Gyabon Shrine

Source: Photographed by the researcher

4.3.1.1.3.2 Hat

The hat is a head covering which is worn for various reasons, including protection. The hat is also an artefact used by the priestess when possessed by her deity from the Northern part of Ghana. According to Okomfo Fati Haruna, when the deities are dressed in their traditional costume, it entices them to come out with their best. The hat also represents authority and power of the deity. It also prevents the priestess from evil spirits attacking her head in the course of healing.



Plate 82: A hat at Bokankye Akua Gyabon Shrine

Source: Photographed by the researcher

4.3.1.1.3.3 Raffia fibre (doso)

The *doso* in this particular shrine is the same as that of Asuo Abresua shrine and also performs the same therapeutic roles. Their appearances are the same just that the one at Bokankye Akua Gyabon shrine looks a bit old.



Plate 83: Raffia fibre at Bokankye Akua Gyabon Shrine

Source: Photographed by the researcher

4.3.1.1.3.4 Smock

Smock is one of the artefacts which also plays a very significant role in the administration processes of traditional medicine at Bokankye Akua Gyabon shrine. The study revealed that, the priestess also puts on the smock when she is possessed by Naaho Zugu (a deity from the Northern Ghana) to perform the same therapeutic tasks as in the case of the centres discussed above.



Plate 84: Smock at Bokankye Akua Gyabon shrine

Source: Photographed by the researcher

4.3.1.1.3.5 Stool

The stool in Plate 85 also plays a very significant role in the administration of the medicine at Bokankye Akua Gyabon shrine. This stool also performs the same diagnostic and therapeutic roles as in the case of the one in Asuo Abresua shrine. The stool used in this particular shrine differs from the others in terms of design. On top of the stool lies a pillow which makes it comfortable for the priestess to sit on. The stool is also used as a symbol of empowerment to the priestess.



Plate 85: A Stool at Bokankye Akua Gyabon Shrine

Source: Photographed by the researcher

4.3.1.1.3.6 Asipim Chair

The asipim in this shrine (Bokankye Akua Gyabon) also performs the same therapeutic function as the one in Asuo Abresua shrine. The *asipim* is a symbol of power and prestige.

Its low profile reflects the Asante's preference for stools as seats of honor. The seat and back are covered with brass sheet embossed with *Gye Nyame* symbol. The priestess sits on the *asipim* when interacting with clients on issues relating to their health.



Plate 86: Asipim chair at Bokankye Akua Gyabon Shrine Source:

Picture taken by the researcher

4.3.1.1.3.7 Protective Artefact

The art form in plate 87 is also used for protection against all sorts of attacks during diagnosing and healing processes. It hangs from the ceiling of the temple. It is made from leather and affixed with pieces of mirror. According to Okomfo Fati Haruna, she consults the spirit in this art form in any step she takes in the administration processes. This item also protects and guides her in her going out and coming in and also through out the treatment processes. It also repels all kinds of unfamiliar spirits that may challenge or attack her in the process of administering the medicine. This visual art form is similar to the one in KuneGyendu/Bongari shrine which also hangs from the ceiling and dispels and protects the deity as well as the priest against all sort of attacks.



Plate 87: A protective artifact at Bokankye Akua Gyabon Shrine

Source: Photographed by the researcher

The protective tool in Plate 88 according to the priestess is used to fight evil spirits which cause destruction to clients. It is also used to protect the priestess during the administration process. Okomfo Fati Haruna stated that her male deity (*Adobe Ase Kwabena*) is a very old man and usually walks with this particular wooden stick. The tool is made up of a wooden pole with a sharp metal tool fixed at its end. It is held at the top to strike evil doers especially at nights. Spiritually, it strikes adversaries who challenge the priestess in the course of diagnosing and healing.



Plate 88: A protective tool at Bokankye Akua Gyabon Shrine

Source: Photographed by the researcher

4.3.1.1.3.8 Tasbil (Rosary)

The tasbil mostly used by the Muslims is also used in the medical administration processes at Bokankye Akua Gyabon shrine. The priestess explained that during diagnosing and healing processes, the possessed priestess holds the tasbil and reads it to diagnose ailments. Some of the clients interviewed attested to the fact that with the help of the tasbil, the possessed priestess is able to diagnose very well.



Plate 89: Tasbil at Bokankye Akua Gyabon Shrine

Source: Photographed by the researcher

4.3.1.1.3.9 Whistle

The whistle is also blown to invite and invoke the medical spirits during diagnoses and healing sessions. According to Okomfo Fati Haruna, the whistle when blown brings forth

the medical dwarfs she works with. The dwarfs are called to unveil medicinal plants to the priestess in order for her to treat the patient.



Plate 90: A whistle at Bokankye Akua Gyabon Shrine

Source: Photographed by the researcher

4.3.1.1.3.10 Image of the Aslam god

This shrine (See Plate 91) is carved in wood and wears cloth with one shoulder left bare. This deity has been dressed with a red headgear. It is seen with cigarette on the mouth and seems like smoking. This attests to the fact that this deity smokes when possesses his medium. There is a curtain which partitions him from the other gods. There is also a flying whisk which hangs in front of the curtain and fights against all unfamiliar spirits.

The god according to Okomfo Fati Haruna settles all marital and broken heart problems. The priestess declared that any marital and broken heart issues are directed to the deity in order for him to solve.



Plate 91: Image of Aslam (a deity) at Bokankye Akua Gyabon Shrine Source:
Photographed by the researcher

4.3.1.1.3.11 Charms

The charms according to Okomfo Fati Haruna are used to invoke supernatural energy. The spirits in the charms also defend and repel negative powers from the shrine. Okomfo Fati Haruna further stated that some of these charms are giving to patients with chronic diseases. The charms protect such patients from the diseases causing agents.



Plate 92a



Plate 92b



Plate 92c

Plate 92a to Plate 92c Charms

Source: Photographed by the researcher

The object housed in the calabash with a whisk placed on top of it and another one placed side by it is the priestess' personal god. According to the priestess, she mostly consults this god to find out if any enemy or opponent is after her. This deity also supports her in diagnosing and healing of ailments, especially, when the disease causing agent proves so difficult to free the patient.



Plate 93: Charm at Bokankye Akua Gyabon Shrine

Source: Photographed by the researcher

4.3.1.1.3.12 Mirror

According to the priestess, the mirror is used especially during *abisa* (consultation). The purpose of the mirror is to diagnose in order to unveil the cause of patients' ailments.

According to the priestess, a "witch" or any other evil person causing an illness can appear in the mirror. The mirror symbolises the spirit's ability to see the human world and the inability of humans to view the underworld (Hobbs, 1999). This mirror even though is an ordinary mirror like the ones we have been using, has been spiritually imbued with mystical powers.

4.3.1.1.3.13 Pot

The pot used in this particular shrine is filled with water from River Tano and contains other substances. According to Okomfo Fati Haruna, when she stirs the water in the pot, the deity speaks to her and discloses all hidden information about the patient. Through this

activity, the root cause of the patient's problems is revealed and the possible solutions are given to eradicate them. The priestess added that, the deity sometimes instructs her to cook herbs in a pot for the patients as pointed out earlier in the other centres. Traditional pots made of clay are of much concern to the deity in the medical administration.

4.3.1.1.3.14 Dipper

The object below (see Plate 94) is used to stir the water in the pot during diagnosing and healing processes. During the stirring processes, the priestess sits behind the pot of water with her maximum concentration and then stirs with the dipper (See the posture in Plate 95). The arrow indicating A is where the priestess sits and arrow B is where the pot is located. According to the priestess, the dipper also draws the medical deity when it is used to stir.



Plate 94: Dipper at Bokankye Akua Gyabon Shrine

Source: Photographed by the researcher



Plate 95: Sitting posture

Plate 95: The sitting posture of the priestess at Bokankye Akua Gyabon Shrine

Source: Photographed by the researcher

4.3.1.1.3.15 Charm

The artefact in Plate 96 is used to dispel evil and unfamiliar spirits in the process of diagnosing and treating diseases. In the course of healing, this artefact is held in the priestess' hand like the way she handles the whisk. It is also used to diagnose ailments when it is used gently to hit the patient. The agent causing the illness then starts to speak through the patient.



Plate 96: A charm at Bokankye Akua Gyabon Shrine

Source: Photographed by the researcher

4.3.1.1.3.16 Sculpture Piece

The sculpture piece in Plate 97 is a woman carrying a baby at her back and also transferring water from one pot to another. This sculpture piece comes with a lot of interpretations according to Okomfo Fati Haruna. Thus, the deity is a mother who is very caring, provides children, very hospital, and ever ready to serve. By observing the sculpture piece, the clients psychologically get the assurance that they are with a mother and as a mother she will provide solutions to all their problems.



Plate 97: Sculpted figure at Bokankye Akua Gyabon Shrine

Source: Photographed by the researcher

4.3.1.1.3.17 White calico cloth

A piece of white calico cloth is sewn as dress and worn by the priestess during diagnosing and healing processes. The shrines of the gods are also covered with white calico as in the case of the other shrines visited. Okomfo Fati Haruna made it known that the deity is a white god and before she operates, she has to put on white dress as earlier indicated. It can also be explained that white offers an inner cleansing and purifying one's thoughts, emotions and ultimately, one's spirit, refreshing and strengthening the entire energy system.



Plate 98: The use of white calico cloth at Bokankye Akua Gyabon Shrine

Source: Photographed by the researcher

4.3.1.1.3.18 Sword (Afena)

The sword is also a symbol of power and authority which is believed to have been endowed to the priestess. It could be observed that Asuo Abresua deity possesses two swords while Bokankye Akua Gyabon also owns only one. This may mean that the deity, Asuo Abresua is higher in authority than Bokankye Akua Gyabon deity by suggestion. These swords also serve the same therapeutic functions as earlier mentioned.

4.3.1.1.3.19 Nnaa

The *nnaa* in this shrine performs the same roles as pointed out earlier in the above discussed centres.



Plate 99: Nnaa at Bokankye Akua Gyabon Shrine

Source: Photographed by the researcher

4.3.1.1.3.20 Fly Whisk

The fly whisk is also used in this particular shrine to defend against all sorts of attacks. There are three different whisks used in this shrine. According to the priestess, the long whisk in Plate 100 is carried along every gathering she attends. There is also another whisk which is attached with cowries at the handle like that of KuneGyendu/Bongari shrine and it is used when the priestess is possessed by *Naaho Zugu* (a deity). The other whisk is also used when she is possessed by *Aslam* (a deity). All these whisks perform the same diagnostic and therapeutic functions as in the case of the above discussed healers.



Plate 100: A whisk at Bokankye Akua Gyabon Shrine

Source: Photographed by the researcher

4.3.1.1.3.21 Drums

Dondo and *Mrekete* drums are the two main drums owned by this shrine. According to the priestess, she mostly hires drummers and their drums during festive occasions. The priestess stated that in the process of drumming and singing, the deities exhibit all their powers since the performances energise them and make them swollen headed. The drums when played attract and draw medical spirits to the shrine which intends support diagnosis and healing of various ailments.



Plate 101: Drums at Bokankye Akua Gyabon shrine Source:

Photographed by the researcher

4.3.1.1.3.22 Poster

The notice pasted at the entrance of the temple is prompting clients to switch off their phones before they enter. The priestess explained that when the phone rings, it destructs her when

communicating with the divine being. It also disturbs the medical deities who have been invited at that time. It is for this reason that they have pasted a notice (which is made up of texts and illustrations) on the wall for people to see and follow.

Another notice pasted on the wall is the registration number of the shrine. This also helps people to have positive thought that they are in a comfort shrine which is recognised and accepted by the Asante kingdom.



Plate 102: Notices at Bokankye Akua Gyabon Shrine

Source: Photographed by the researcher

4.3.1.1.3.23 Mat

During the administration process, the deity who reportedly possesses his medium sits on the mat to diagnose and treat all kinds of ailments.



Plate 103: A mat at Bokankye Akua Gyabon Shrine

Source: Photographed by the researcher

4.3.1.1.4 Visual Art Forms that feature in the administration of traditional medicine in Apomasu Kwao Shrine

In the Apomasu Kwao shrine which is managed by Okomfo Kofi Fofie, visual art forms including *Nsumaama*, Smock, Stool, *Asipim*, Chair, Mat, Sword (*Afena*), *Nnaa* and Drums which are commonly used in the shrines discussed above also, play significant role in the administration of the medicine in this particular shrine. These art forms in terms of characteristics are similar to the already explained ones and possess the same therapeutic functions. The researcher believes that when these art forms are repeated, it will cause monotony.

4.3.1.1.4.1 Images of Deities in the Apomasu Kwao Shrine

This shrine is made up of three main gods which are Apomasu, Asuo and Atia. Apomasu is the elderly deity, followed by Asuo and then Atia the youngest. According to Okomfo Kofi Fofie, aside these deities, there are other spirits which possess him during the administration processes especially, when he is in trance. These deities are very powerful and they direct the priest on the kind of treatment to be given to a patient. Although these objects are frequently called 'fetish' figures, referring to the fact that they are believed to have magical powers, excessive devotion is paid to them.

The image in Plate 104a is the shrine of *Atia*. It is made up of a pot which is half buried in a round platform with six sticks placed at the rim of the pot and then covered with earthen ware pot. Plate 104b is also the shrine of *Asuo*, another deity. The image of *Asuo* is a square platform with a hole created in the platform and then covered with an earthenware pot. It was observed that pots are usually used as shrines of the deities. According to Okomfo Kofi Fofie, the pots are durable and have spiritual connection. These shrines are believed to accommodate the deities during diagnosis and healing processes. These shrines are also said to protect the medical deities. They also draw the deities to the shrine.



Plate 104a: The shrine of Asuo



Plate 104b: The shrine of Atia at Apomasu Kwao shrine

Source: Photographed by the researcher

Plates 105a and 105b are also shrines of deities which help in diagnosing and healing all kinds of ailments. The deity in Plate 105a is made up of a circular wooden bowl mounted on an oval pedestal and it is painted white. The one in Plate 105b is also made up of a pot covered with a white cloth and a piece of red cloth is tied around the rim and comfortably rests on three-pronged post of *Nyame dua*. These shrines also conjure benevolent spirits during diagnosing and healing processes.



Plate 105a



Plate105b

Plate 105a & 105b: Shrines of deities at Apomasu Kwao shrine Source:
Photographed by the researcher

4.3.1.1.4.2 Mini Sulptures

The mini scuptures below are also used to represent deities of the shrine. While the dolls in KuneGyendu Bongari shrine are used to signify the deity's power to give babies in Apomasu shrine, they are used to represent deities at Apumasu Kwao shrine. These deities help to solve problems brought by clients at a very fast rate. They also help to facilitate diagnoses and healing. These deities which are housed in the mini scuptures are said to be messengers who interact with affiliated deities to find solution to difficult problems which is above their control.



Plate 106a and 106b: Shrines of deities at Apomasu Kwao shrine Source:
Photographed by the researcher

4.3.1.1.4.3 Raffia fibre

The raffia fibre in this particular shrine performs the same medical roles as in the other shrines discussed above. It also possesses the same characteristics just that Okomfo Kofi Fofie's own, looks very old since it has been used for so many years as stated by him.



Plate 107: A raffia fibre at Apomasu Kwao shrine

Source: Photographed by the researcher

4.3.1.1.4.4 Mirror

At Apomasu shrine, Okomfo Kofi Fofie also uses a mirror in diagnosing diseases. Similar to its usage at Bokankye Akua Gyabon shrine, Okomfo Kofi Fofie also looks through the mirror during the process of '*abisa*' (consultation). This mirror as he claims has been instilled with powers by the gods. The mirror is attached with magically-charged materials. The rituals through which the mirror has gone through has made it similar to a god. According to him, when he looks through the mirror, he gets to know every illness troubling the patient.

He states:

When I look through the mirror, I am able to see everything concerning the patient (either good or bad), his or her family, work, friends, what is about to happen in his or her life and what has already happened. (Okomfo Kofi Fofie, Personal Communication, October 2018).

4.3.1.1.4.5 Candle Stand

According to the priest (Okomfo Kofi Fofie), during the invitation of the deity, candles are lighted in order for the deity to appear. It can be stated that candles possess spiritual energy that attract deities when lighted. Okomfo Kofi Fofie burns candles during the administration process to regain or retain vigor to talk to the deity during healing and curing of ailments. When patients consult him, he burns the candles to invite the deities to treat them. The priest further added that he mostly uses the white candle since it brings about spiritual blessings, purity and healing. It could be inferred that this practice is similar to what happens in the Roman Catholic Church.



Plate 108: A candle stand at Apomasu Kwao shrine

Source: Photographed by the researcher

4.3.1.1.4.6 Ablution Pot (Buta)

This artefact assists the priest to cleanse or purify himself to draw the medical deities before diagnosing and healing patients. This artefact is also used for storing water which is mostly used for mixing medicine.



Plate 109: Ablution Pot at Apomasu Kwao shrine Source:

Photographed by the researcher

4.3.1.1.4.7 Silver bowl

The silver bowl is used for serving the medical dwarfs with tiger nuts, groundnuts and other favorite foods of their choice. These foods attract the deities to the shrine to assist in diagnosing and healing.



Plate 110: A silver bowl for serving deities at Apomasu Kwao shrine Source:
Photographed by the researcher

4.3.1.1.4.8 Spear

The spear is similar to those discussed in the shrines already examined in this thesis. It is also made of an iron bar and has a pointed tip. It is likewise used by the deity in fighting malevolent spirits which spread diseases to people under the deity's care. The spear according to the priest, is a symbol of regal authority, judgment and vengeance. It gives patients gallant exit from the custodial of the enemy.



Plate 111: A spear at Apomasu Kwao shrine Source:
Photographed by the researcher

4.3.1.1.5 Visual Artefacts used in the Administration of Traditional Medicine at Mallam Abudu Herbal and Spiritual Centre

The visual art forms displayed in administering traditional medicine at Mallam Abudu Herbal and Spiritual Centre are as follow;

4.3.1.1.5.1 Pot for Storing Medicine

This pot (See Plate 112a and 112b) is circular in shape with a lid. It is covered with red and black leather and the lid is decorated with cowries and tonged leather. A black colour is painted around the pot at its base. It is used for storing medicines. According to the researcher's informant (Mallam Abudu, Personal Communication, 20th January, 2018), the leather covering the pot and the cowries are meant to protect and prevent evil eyes and evil spirits that may attempt to make the medicine impotent.



Plate 112a & 112b: Pot for storing medicine at Mallam Abudu Herbal Centre

Source: Photographed by the researcher

4.3.1.1.5.2 Gourd

The gourd is circular in nature with a lid and attached with a rope which makes it easy to be hung on a wall. This gourd is brown in colour and has some images encircling it. The images include star and an *Adinkra* symbol. The purpose of the gourd is specifically for storing medicine. Stitches have been done around the neck and the tip of the lid in order for it to be strong and last longer. Mallam Abudu disclosed that, the designs on the gourd are there to scare people and put some kind of fear in them when they see it. The gourd also serves as a charm that wards off evil spirits that may cause the medicine impotent. One of them is round with a long neck and an open mouth at the top.

According to Mallam Abudu, the gourd is very helpful in the administration of the medicine since it enables him to store the medicine for a very longer period. It is very portable, durable and can be carried easily as compared to other containers. The study brought to light that gourds are sometimes tied to the back of children to serve as life preserver (Yagbe, 2015). Mallam Abudu pointed out that when medicine is stored in the pot, it does not get contaminated and also lasts for so many years. Medicine stored in this particular gourd according to Mallam Abudu is used yearly and if stored in other containers, can easily get spoiled.



Plate 113a



Plate 113b

Plate 113a & 113b: Gourds for storing medicine at Mallam Abudu Herbal Centre

Source: Photographed by the researcher

4.3.1.1.5.3 Magical Horn

Plate 114 is an artefact made up of a horn which is covered with a black, white and red coloured cloth. This horn is wrapped with a piece of metal rod with a chisel-like tip. The tail of the metal rod is tied with feathers. This object is believed to protect people from all kinds of attacks including diseases. It also protects people's properties like cocoa farms, lands and buildings. According to the researcher's informant (Mallam Abudu), what he does is to slaughter a fowl and pour the blood on the chisel like metal rod and the feathers

tied to it, and make some incantations to command it. Afterwards, protection is fully assured. The red cloth covering the horn indicates the power of the art form to warn and cause destruction to assailants. The white cloth also signifies the purity and the perfection of the art form. It does justice to every instruction given to it. The black piece of cloth covering the horn also represents the strength, seriousness, the power and the authority of this artefact to accomplish tasks. The artefact also draws benevolent spirits during therapeutic sessions.

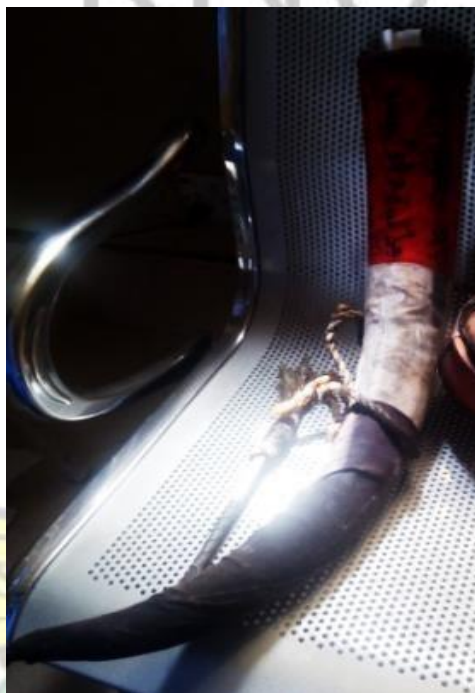


Plate 114: Magical horn for protection at Mallam Abudu Herbal and Spiritual Centre
Source: Photographed by the researcher

4.3.1.1.5.4 Fan and Horn

According to Mallam Abudu, these art forms are used in diagnosing diseases and other problems. The art forms are made up of a woven fan and two horns covered with the skin of a tiger. The handle of the fan is decorated with cowries and the top of the horns are also aligned with cowries. There are pieces of mirror inserted at the middle of the woven fan and at the sides of the horns. These mirrors serve as the eyes which see all problems when reflected on the client. It was revealed that, the moment the mirror reflects on the patient sitting in front of the practitioner, it redirects into the big mirror behind the patient and instantly the practitioner gets to know what is wrong with the patient. It could be observed that without these artifacts, diagnosing spiritual diseases and other problems will be very difficult.



Plate 115a



Plate 115b

Plate 115a & 115b: Fan and horn for diagnoses at Mallam Abudu Herbal and Spiritual Centre

Source: Photographed by the researcher

4.3.1.1.5.5 A Phallus

These art forms are used to cure men suffering from penis shrinkage. Men whose penises are small and want to enlarge and elongate it also attain this medication. As indicated earlier, clients are made to choose any size of their choice. The size chosen by the client is the form his penis will take. After choosing, special prayers are made to God almighty to help enlarge the client's penis to the size of his chosen piece. After the prayers, the chosen sculpted penis is used to beat the buttocks of the client and instantly the penis of the client enlarges to the size of the chosen wooden penis. This may be an illusion created by the spirits that assists him in the course of therapeutic processes by suggestion.

Similarly, the Somba tribe of Benin also elongates and enlarge penis by cutting a branch of tree or an ivory and a hole of a particular size is made for the initiate. The initiate then

puts his penis in the hole for some months until it reaches the size and length of his choice before it is removed (Taylor, 2018).



Plate 116: A phallus at Mallam Abudu Herbal and Spiritual Centre Source:

Photographed by the researcher

4.3.1.1.5.6 Spiritual, Protection Artefacts

According to Mallam Abudu, the artefacts in Plates 117a and 117b are used for protecting people from all kinds of spritual attacks. According to Mallam Abudu, he uses these tools to fight evil spirits who spread diseses to people under his care at midnight. The first tool is shaped like a cock head with a sharp metal tool fixed at the beak of the carved cock like head. The other tool is a normal tool which looks similar to a pickaxe with some designs around it. The shapes or designs made on the tools according to Malam Abudu are signs of warning to evil spirits. Eventhough he did not explain them to the researcher, he made it known that any evil spirit who sees the shapes understands them. From a series of discussions, it was deduced that the benevolent spirits of the traditional healers have supernatural powers and teach them how to make unique protective tools to fight evil spirits who spread illnesses and attack people.



Plate 117a

Plate 117b

Plate 117c

Plate 117a to 117c: Spiritual, protective artefacts at Mallam Abudu Herbal Centre

Source: Photographed by the researcher

4.3.1.1.5.7 Spiritual bottle

The spiritual bottle is very big as compared to the normal bottles. It is a transparent glass bottle with a cork and has a holder fixed at the neck which makes it very easy to handle. Inside the spiritual bottle are five folded threads entangled with threaded beads. How these folded threads got into the bottle makes the bottle miraculous or numinous indeed. The bottle also contains colourless liquid medicine. This medicine according to Mallam Abudu is used to cure ailments like severe headache and stomach pain especially when all possible means have been applied and have been proved fatal. In taking some of this medicine from the bottle, one of the spines or quills from a porcupine is used as a tool for collecting the medicine during medication.



Plates 118a and 118b: Spiritual bottles at Mallam Abudu Herbal and Spiritual Centre

Source: Photographed by the researcher

4.3.1.1.5.8 Incense Burner

It is used to burn incense during medication. It is made up of a circular metal container which is covered with a lid and a base which serves as a stand. The base and the circular metal container are connected with a thin metal. The burning incense according to Wahaab

Dere, Malam Abudu and Malam Maye are believed to drive away evil spirits and also invite good spirits to intervene during medical operations. According to them, when the incense is burning, no evil spirit can venture to destroy the potency of medicine given out to the client.



Plate 119: An incense burner at Mallam Abudu Herbal and Spiritual Centre Source:
Photographed by the researcher

4.3.1.1.5.9 Woven Tray

The tray is made up of woven raffia which is flat in appearance and serves as a surface on which cowries are cast during diagnosing of diseases and other spiritual attacks.



Plate 120: A tray on which cowries are cast at Mallam Abudu Herbal and Spiritual
Centre

Source: Photographed by the researcher

4.3.1.1.5.10 Magical Mirror

According to Mallam Abudu, the magical mirror is used in diagnosing spiritual diseases. He added that whenever a client reports a disease which is beyond the physical realm, the mirror is used to find the root cause of the sickness. According to Mallam Abudu, he gets to know people's reasons for coming to his centre the moment he consults the mirror as in the case of Okomfo Fati Haruna and Okomfo Kofi Fofie. It can be observed that this method makes diagnosing of diseases very simple. Mallam Abudu further established that because of the work of the mirror, most at times he tells people their problems without asking them.



Plate 121: A magical mirror for diagnosing diseases at Mallam Abudu Herbal and Spiritual Centre

Source: Photographed by the researcher

4.3.1.1.5.11 Charms

The charms according to Mallam Abudu, are improvised solutions to people's problems. They are used for healing and protecting people from all kinds of diseases and other spiritual attacks. It was revealed that, some charms are made of simple roots, feathers, and others are made of complicated assemblages which are imbued with healing and protective powers. The charms according to Mallam Abudu, are believed to protect, heal and determine solutions to all kinds of problems.



Plate 122a



Plate 122b



Plate 122c

Plate 122a to Plate 122c: Healing and protective charms at Mallam Abudu Herbal and Spiritual Centre

Source: Photographed by the researcher

4.3.1.1.5.12 Padlocks

The padlock is considered as one of the strongest spells. It is used to lock disease causing agents who are perturbing people in order to free them as pointed out earlier. It was revealed that once it is spiritually locked, no one can easily unlock it.

It is very interesting to note that aside the health benefits of the padlocks, the study brought to light that incantations may be made to invoke the spirits on locked padlock to act on a girl or women's vaginal canal, preventing entry or penetration of the penis into the vagina. Malam Abudu, Wahaab Dere and other respondents stated that, the padlocks in some cases are used for what is termed "for girls." Special incantations are made on a padlock to win the love of a man or a woman. The study brought to light that until the padlock is unlocked, the love between the two shall forever remain. It is even more serious when the padlock is thrown into the sea.



Plate 123: Padlocks at Mallam Abudu Herbal and Spiritual Centre Source:

Photographed by the researcher

4.3.1.1.6 Visual Art forms used in the Administration of Traditional Medicine in Dr. Abban Traditional Herbal Centre

4.3.1.1.6.1 Mortar and Pestle

The mortar and pestle are made of wood and are used for pounding herbs, roots, tree bark and other substances for patients in the traditional medicine administration processes.



Plate 124 Mortar and pestle at Dr. Abban Traditional Herbal Centre Source:

Photographed by the researcher

4.3.1.1.6.2 Bath

The bath in Plate 125 below is made up of a cement concrete filled with medicinal water and used for bathing children. This bathing strengthens children who are weak and also protects them physically and spiritually as earlier stated. The bathing cleanses the children from physical grime and negative spiritual grime. In a related matter, Staff (2014) stated that spiritual bath purifies both the body and the aura.



Plate 125: A bath made of cement concrete at Dr.Abban Traditional Herbal Centre

Source: Photographed by the researcher

4.3.1.1.6.3 Diagnostic Artefact

The diagnostic artefact is like a tea bag and it is used for diagnosing all kinds of ailments. According to Dr. Abban, this art form swings when it identifies the cause of the problem. He further stated that he is able to read the meaning to the swing of the art form.

4.3.1.1.6.4 Cooking Pots

These types of pots are used for boiling medicines for patients. The study brought to light that these pots are permitted vessels for boiling and storing all kinds of concoction. Without the pot; it will be difficult to prepare the medicine and that can affect the potency of the medicine. Amenuke et al (1991) asserts that water which is used to promote life is traditionally stored in spherical pots. It is symbolically associated with God who is the originator of life. It is for this reason according to Dr. Abban, that the various herbal medicines are prepared in spherical pots.

4.3.1.1.6.5 Plastic containers

The plastic containers are used for storing and packaging the drugs. It was observed that various plastic containers were used in the administration process. The medicines in the form of liquid are usually bottled in plastic bottles. Plates 126a & 126b show some plastic containers used at Dr. Abbans's centre.



Plate 126a



Plate 126b

Plate 126a & 126b: Plastic containers at Dr. Abban Traditional Herbal Centre Source:
Photographed by the researcher

4.3.1.1.6.6 Wooden Numbered tablets

The wooden number tiles in Plate 127 are given out to clients who come for medication at the centre. This helps them to follow the queue and also to maintain order at the centre.



Plate 127: Wooden numbered tablets at Dr. Abban Traditional Herbal Centre
Source: Photographed by the researcher

4.3.1.1.7 Visual Art Forms from other Shrines visited by the Researcher

4.3.1.1.7.1 Visual Art forms used in the Administration of the Medicine at Subri shrine

The shrines in Plate 128a and 128b below according Nana Agyapong the priest of the shrine, are the temporary abodes of *Subri*, the great deity of Adumakaase-Kese. The circular pot which has been painted white has a piece of cloth tied at its neck and covered with a wooden bowl. The other figure in Plate 128b is also made up of a bunch of feathers which has been tied together with a rope. It was observed that when an animal is slaughtered as sacrifice, the blood is made to spill into the pot. It was explained that the *Subri* deity which dwells in the bunch of feathers does not like blood so to offer the deity animal sacrifice, the blood is given to him through the pot. According to Nana Agyapong, this deity functions as a guardian spirit, protecting the members from diseases and mischief especially those who strongly believe the deity.

It came to light that when there is an outbreak of diseases, the assistance of the deity is solicited for. The pot therefore is believed to be a vehicle through which the deity operates in protecting the community members. With the absence of the pot, protection from all kinds of diseases will be very difficult since the spirit will not get a place of abode.



Plate 128a



Plate 128b

Plate 128a & 128b: Images of Subri Deity at Subri shrine in Adwumakaase-Kese Source:
Photographed by the researcher

4.3.1.1.7.2 Visual Artefacts used in the Administration of Traditional Medicine at Asuhylae Tano Shrine

The study revealed that the Asuhyiae Tano is a *tete bosom* (ancient god) derived from *Onyankopon*, and he is positive and works to help people as he mediates between humanity and *Onyankopon* (the Suprem Being). Opoku (1978) describes *tete abosom* as gods who have been worshipped from time immemorial, and occasions such as festivals are marked to honour them. Below are the visual art forms used in Asuhyiae Tano shrine?

4.3.1.1.7.2.1 Umbrella

The use of umbrella in the administration of traditional medicine at Asuhyiae Tano shrine cannot be over-stated. It is seen in full motion when the deity descends or mounts on his medium. Their reason for using the umbrella is that the deity is said to be the great king among the *Atano* gods in the Asante community. He is also the great god of the Asantes. The umbrella signifies the deity's jurisdiction and position in the Asante Kingdom. This umbrella is made up of a pivotal networked of supporting sticks which converge and gives strength to it. The wooden structure is covered with a yellow decorative silk cloth as seen in Plate 129. According to my informants (Okomfo Kofi Basoah and his spokesmen), when the deity is portrayed as very powerful with high esteem, he reveals hidden things about patients as well as the audience when displaying. He again displays his powers and treats all kinds of ailments. Comparatively, it could be observed that this umbrella is bigger than that of Bongari in KuneGyendu/Bongari shrine and this is a clear indication that the Asuhyiae Tano is great.



Plate 129: Umbrella at Asuhyiae Tano Shrine

Source: Photographed by the researcher

4.3.1.1.7.2.2 Pot

The pot in Plate 130 is made of clay and it is a terracotta pot. It has been turned upside down. The rim of the pot comfortably lies on three pieces of stone. It was revealed that, before a client consults the deity, libation is first performed on the pot to seek permission and also to inform the deity about the client's mission for seeing him. This is also a sign of alerting the deity on what is coming to him. This act can be linked to seeking the consent of the deity before seeing him.

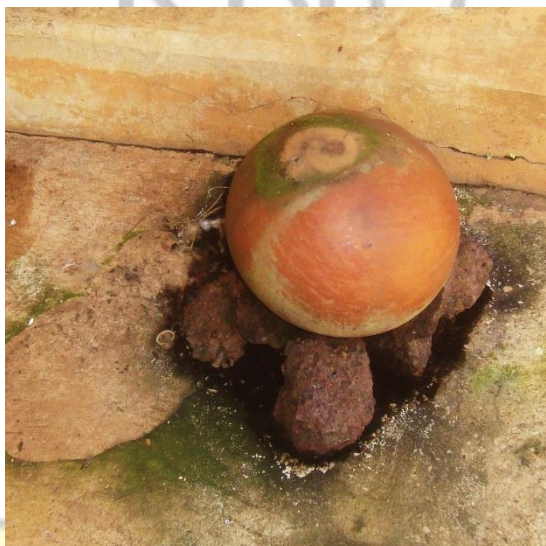


Plate 130: A Pot at Asuhyiae Tano Shrine

Source: Photographed by the researcher

4.3.1.1.7.2.3 Brass bowl

One of the most distinctive objects in this shrine is the brass pan. The brass pan becomes the localised dwelling place of the shrine of the spirit-god when he is being carried outside the shrine on solemn occasions. This bowl is filled with various sacred objects and medicinal herbs, and the *ɔbosom* (god) is summoned by the sounding of bells and an elaborate ritual dance (Evans, 1950). A neatly covered brass pan respectfully carried by a traditional priest under an umbrella makes the royal status of the deity visible. When carried on the head of the traditional priest, he becomes possessed and diagnoses and treats various ailments.



Plate 131: A brass bowl at Asuhyiae Tano Shrine

Source: Photographed by the researcher

4.3.1.1.7.2.4 Carved Wooden Stand

The wooden stand in Plate 132 is used to support the brass pan during the arrangement of the various sacred objects of the deity before it is carried on the head of the priest. This stand has a circular flat top which makes it easier to support the brass pan comfortably. It also has a circular base which makes it stands firmly. Plate 133 also shows how the brass pan is placed on the wooden stand when the images of the deity are being arranged. It was explained that this directive was given by the deity and to achieve his total efficiency, it must be followed. Interestingly, the respondents further added that refusal to support the brass pan with the wooden stand before arranging the sacred objects make the deity furious. This mostly puts him off and does not diagnose and heal as expected.



Plate 132: Wooden stand



Plate 133: Brass bowl on the wooden stand

Source: Photographed by the researcher

4.3.1.1.7.2.5 Piece of Kente Cloth (Sash)

The piece of kente cloth in Plate 134 serves as a string for fastening the sacred objects or images of the deity when they are arranged in the brass bowl. The sash helps to tie the various single shrines together in order to make a whole so as to achieve successful diagnoses and healing.



Plate 134: A piece of kente cloth at Asuhyiae Tano Shrine

Source: Photographed by the researcher

4.3.1.1.7.2.6 The Deity's Chair

According to Okomfo Basoah, the deity because he is believed to be a king, when possesses his medium, the possessed medium sits on the *asipim* chair to diagnose and heal ailments. A carpet is first spread on the floor before the chair is placed on it. The chair is then covered with a ceremonial cloth. A nice decorated pillow is placed on the chair. After this arrangement, the chair is ready for the deity to sit on. The artistic embellishment of the arrangement and the conceptual aggrandizement seen signify the deity's jurisdiction and position. When the deity sits in such a nice glorified chair with the elders and other audience around him, it boosts his ego and he does marvelous works, such as healing the sick and diagnosing various problems.



Plate 135: Asuhyiae Tano's chair
Source: Photographed by the researcher

4.3.1.1.7.2.7 Poster

The poster (See Plate 136) is pasted at the temple to show the name of the deity, the image of the priest as well as the slogan of the shrine. The designs of the poster psychologically assist healing. This is because when patients see the powers being exhibited in the poster, it gives them the assurance that they can be healed.

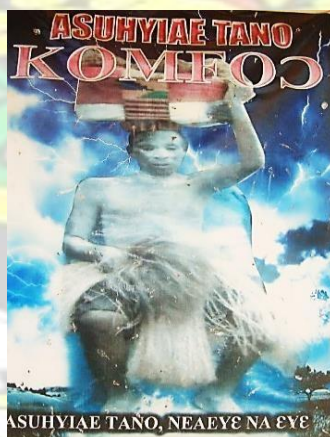


Plate 136: Poster at Asuhyiae Tano Shrine
Source: Photographed by the researcher

4.3.1.2 Body Arts in Administering the Medicine

Body arts in this study are the arts made on and with the human body. The various body arts identified in the study are body charms, body paintings, incision, costumes and hair styles.

4.3.1.2.1 Charms on the Body

The study revealed that when the cause of ailment is identified as an attack from evil spirits, amulets and talismans are given to the patient to be worn to protect and eliminate the evil that has ensued the person. These charms are sometimes worn by the client at the neck, ankle etc. in their daily activities. Some of the clients also wear these charms beneath their clothes.

It was observed that, the medicine-men and women also wear various talismans and amulets during diagnosing and curing of diseases. As stated earlier, while talismans are said to attract benevolent spirits to support diagnosing and healing, the amulets are also said to be repulsive, neutralizing the antagonistic tendencies of evil powers that may attempt to obstruct the efficacy of the medicine and also attack the medicine-man. The talismans also attract and draw the curative deities to perform their therapeutic onuses. Moreover, the traditional healers as well as the clients wear protective evil eyes' charms to protect them from menacing people with evil eyes. Desy (2019) also recounts that, the charms also guard individuals against any unseen negative forces that may intend to trouble the wearer. Some of the healers disclosed that they cover themselves with myrrh to draw powers from the medical deities in order for them to diagnose and heal people.

In most cases, an old currency (pesewas) is also hung on the neck of a child to redeem him or her from all kinds of diseases and misfortunes. Similarly, Vechgel (2013) in his study of Tanzania's traditional healers recounts that a wife of a traditional healer shows an old coin that she wears to protect her body against evils. It was further established that a child may wear a waistband which is supposed to protect him or her against fever and severe malaria. By wearing charms, they are drawing on the greater power of mystical beings which inhabit the world in order to shape or control part of their lives that seem uncontrollable (Fullerton, 2010).

Cowries and beads are also worn as charms to repel all malevolent powers that may attempt to thwart the medicine. Osei-Agyeman (1990) having observed the frequent use of the body charms in Kwahu mystical medicine states that, the charms worn by both the healer and the

patients play defensive, preventive, detective, attractive, communication and curative roles in the medical administration processes. The effective role played by the charms in traditional medication impelled Dadzie (1965) to state that, before modern medical science reached our shore, our traditional priests who were our medical men were curing all diverse diseases by their charms.

4.3.1.2.2 Body Painting

Body painting plays a very significant role in the traditional medication. Kaolin is used by the priests and the priestesses to powder their body during deity possession. It was revealed that the spreading of the kaolin or white powder on their bodies attracts their deities and other kind spirits to them when diagnosing and healing. Kwakye-Opong (2014) added that, the priests and priestesses adorn their bodies with chalk and white kaolin to signify purity, as they discharge their duties. It was explained that, the kaolin has spiritual powers of enticing benevolent deities and dispelling evil spirits. It was observed that, all the priests and priestesses visited have kaolin or powder at their sanctuaries. According to them, when they are fully possessed by their deities, their spokesmen throw kaolin on them to energise the deity during the administration processes.

The kaolin is also used by some of the deities as a means of identification. Kaolin is sometimes smeared on the patient's body depending on the type of ailment brought. As explained earlier, Okomfo Kofi Fofie elucidated how he cures swollen patients by throwing kaolin on their bodies.

Moreover, some of the priests and priestesses when possessed by their deities in the course of medication, paint themselves with red clay and black charcoal to signify the fierce nature of their deities (Beckwith & Fisher 2002).

While commenting on the functions of body painting, the respondents pointed out that, a reddish brown earth colour known as *ntwuma* and ash are used to paint the body during healing of some ailments. For instance when one had swollen cheeks (*gyemirekutu*), ash and *ntwuma* are used to make dotted spots on the patient's cheeks. More so, it was explained that when *ntwuma* is smeared on the patient's body, it symbolises the patient's

sorrowful mood and has the supernatural inclination to invoke the sympathy of the benevolent forces (Osei-Agyeman, 1990).

During propitiation and atoning processes, the blood of the animal slain is sprinkled on the offender in order to redeem him or her. The blood of the sacrificed animal in some cases is smeared on the patient's body while recitations are made along side.

4.3.1.2.3 Incision

Incisions are made on the body of the patient in order to cure him or her. The incisions are made on the forehead, chest, arms, biceps, ankle, at the nape and other parts of the body depending on the instruction given by the healer. After the cuts, medicinal substances are inserted into them. It was revealed that incisions are made on people to prevent them from attracting diseases. For instance, babies are sometimes incised as defensive tool for preventing them from serious ailments. Mallam Abudu stated that the nature of some diseases demand incisions before the patient can be healed. Incisions are also made on medicine men and women to draw some spirits to them in order for them to function well in the therapeutic processes.

4.3.1.2.4 Costume

Costumes worn by the medicine men and women during the administration of the medicine play predominant role. It was revealed that the costumes are approved by the deities themselves and are considered holy and highly revered. The type of attire the healer wears determines the *obosom* (god) by which he or she is possessed. It came to light that when a deity is a female and her medium is a male, such medium will appear as a female when possessed by the deity. Likewise the male deity whose medium is a female. In a related matter, Kwakye-Opong (2014) established that the deities are symbolized with specific costumes and accessories and thus, requires the servant to be adorned accordingly, regardless of his or her sex.

The mediums when their deities mount on them wear smock and raffia fibre, cover their breast with a piece of cloth and wear sash across their body. Some also wear *danta* (locally made shorts) with their bare chest when they are fully possessed by their deities. The smock and the raffia fibre are studded with cowries, talisman, small bells and other charms. Various necklaces, armlets, cap, footwears, and socks are used as adornments and means of conjuring powers during medication.

The costume worn by the priests and the priestesses emits faith, self-assurance and guarantee to cause psychological healing. The costume with various charms is believed to protect the healer as well as the ill person during diagnosing and healing processes. The attire of the priests also wards off and prevents evil forces from rendering the medicine ineffective and attacking the possessed priest. More so, the adornment attracts other benevolent spirits and powers to use the priest in the process of medication. The costume also makes it possible for clients to easily identify the traditional healer in the midst of the shrine officials.

4.3.1.2.5 Hairstyle

Hairstyle plays a significant role in the administration of traditional medicine. The hairstyle worn by a priest or priestess depends on his or her deity's discretion. The study revealed that some healers are allowed to shave their hair while with others, it is compulsory for them to let their hair grow in a style known as *mpesempese* (matted locks). It is believed that the matted locks serve as a means of drawing and communicating with the deities. According to the healers, it is the most elevated point of their body, which means it is closest to divine.

The *mpesempese* hairstyle of the practitioners also serves as an antenna attracting the deities and other benevolent spirits during diagnoses and healing processes. The healers with matted hair style are easily identified in the society. This hairstyle is mostly studded with cowries and other charms. The *mpesempese* psychologically enable clients to build trust and confidence in the priest which expedite healing.

Also born-to-die children (*abagyina*) and infants who frequently fall sick are redeemed by performing special sacrifices and leaving their hair uncut and shaggy for some years. Through these activities, the child is dedicated to a guardian spirit who protects the child from the malevolent spirits tormenting the life of such child.

4.3.1.3 Performing Arts that Feature in the Medicine

Performing arts in this study are the art forms that are perceived by hearing, seeing and the kinesthetic senses. They are executed with the body. Performing art features

prominently in the administration of traditional medicine. The study revealed that performing art is interlaced with traditional medication making the two inseparable. In the study, it was observed that in performing art, there is always a performer and spectators/participants. Schechner (1988) states that we act both for ourselves and in the eyes of the beholders. It was further explained that in performing art, physical agents (priests/priestesses and devotees) act before an audience (physical or spiritual beings). The performing arts identified in the study are Music, Drama and Dance.

4.3.1.3.1 Music

Music plays a very significant role in all aspects of life. In the Ashanti community, music is a way of life and not just a form of entertainment (Ababio, 2014). It is for this reason that Nketia (1964) pointed out that music among the Akans are necessary in the sustenance of a community's life.

In traditional medicine administration, music plays a very dominant role in both physical and spiritual healing. The music played are locally created with the assistance of the deities and are sung by the local people. Music in the medicine affects the patients, the healers as well as the deities. The study revealed that in the spiritual healing, music has the power to invite and invoke the spirits, communicate with their mediums and energises them to heal and perform other mystical functions. Recalling from the literature review, Twumasi (1975) and Bannerman-Richter (1982) declared that music is played in healing ceremonies to communicate with the gods and also to call on them. Similarly, Nketia (1963) in the review of literature also pointed out that, the deities are very sensitive to the words of the music and come down to see their children if they hear music they like. Moreover, the most common situations in which the deities manifest themselves is in musical situations where music which affects them is played (Agordoh, 1994).

The songs are mostly accompanied by musical instruments and are believed to heal the patients and also attract the deities and the spirits into their various forms of medium. In 1 Samuel chapter 17 verse 10, the Holy Bible gives a vivid account of how David played the harp to cure King Saul of his mental problem. This statement is further corroborated when on this issue Sendry (1974) said "... in the Old Testament, King Saul's insanity was cured over night by the power of David's harp." This attests to the fact that music serves as a powerful tool for healing ailments.

More so, the songs help to cure various ailments and also coax and boost the ego of the medical deities during therapeutic processes. While recounting on the role of music, Northrup (2016) stated that it enables the healer to access a higher power. It also serves as a means of integrating the mind, body and spirit. This helps the medicine men and women to condition their minds in order to fall into trance. The music played at the shrine also attracts a number of people to enjoy the amusements of the shrine. This indirectly serves as a tool for advertising the shrine. Music has the power to heal people emotionally and psychologically.

Research demonstrates that adding music to treatment improves symptoms and social functioning. Scientifically, music can produce direct biological changes such as reducing heart rate, blood pressure, and cortisol levels (Friedman, 2014). Below are some of the songs sung at the study areas;

4.3.1.3.1.1 Songs in Administering Medicine at KuneGyendu/Bongari Shrine At KuneGyendu/Bongari shrine, it was observed that songs pave way for an increase of the spirit's overflow as well as the unfolding of discernment regarding the deity's will. The study revealed that some of the songs are sung to invite the deities. One of such songs gathered by the researcher is:

Aduro me nnim wo
Me pe wo ahwe
Aduro Gari me nnim wo
Me pe wo ahwe

Translated as

Medicine, I don't know you
I want to see you
Gari the medicine I don't know you
I want to see you

This song is sung to invite the deity to perform miracles of various forms which includes healing the sick and diagnosing all kinds of problems. It induces the medical deities to mount on his medium during the administration process. The song also serves as a

challenge thrown to the deity to prove to the patients and the people around that really, he is powerful and capable of diagnosing and curing various illnesses. The song energises and rejuvenates the deity to exhibit his powers.

Other songs are also sung to acknowledge the Supreme God for his supremacy. One of such songs is as follows:

*Akoko benom nsuo a ɔde kyere Onyame o
Onyame na ɔboɔ no saa o saa na eye o*

Translated as

When a fowl is about to drink water, it shows it to God That's
how God created it and that's good

The song is mostly sung by the priest the moment he becomes possessed by his medical deities. This instance was witnessed by the researcher on the 18th March, 2018 at KuneGyendu/Bongari shrine. The song acknowledges God as the Supreme Being who is the Creator, the preserver and the destroyer and also who has invested some of his powers into the deity to operate on his behalf. For this reason, whenever the deity (*Bongari*) is about to diagnose or perform any therapeutic activity, he first acknowledges God to seek his consent and guidance. This really attests to the fact that the deities are able to operate when their source of power is first acknowledged. This gives patients the assurance that the Supreme Being who is the restorer of health and life will grant them healing mercies.

Moreover, some of the songs also proclaim the freedom, the autonomy and the powers patients under the care of the deity have gained. Below is one of such songs.

*Meka deɛ eye mede
Gyendu bofoɔ adawuroma
Meka deɛ eye mede*

Translated as

I say what pleases me
For the sake of Gyendu, the hunter
I say what pleases me

The song praises the deity *Gyendu* for the secured protection and freedom he offers. For the sake of his protective canopy, clients under him do whatever they covet. This song calls on people to come to *Gyendu* and seek for such freedom so as to be protected from

all kinds of attacks (both spiritual and physical). It also tells people that Gyendu is a hunter who does not miss targets and also very reliable and dependable. When such songs are sung, the deities feel so revered and come out with their best.

4.3.1.3.1.2 Songs in Administering the Medicine at Asuo Abresua Shrine

At Asuo Abresua shrine, it was revealed that music when played has the ability to strengthen the connection between the physical and the spiritual to work together as a team. The deities as well as the ancestors also develop a stronger bond to the priestess and their servants when they enjoy music together. Some of the songs used in the administration of the medicine in Asuo Abresua shrine include the following:

Me wɔ akoma da me yɛm
Me wɔ akoma oo
Makoma da me yɛm

Translated as

I have a heart which lies within me
I have a heart oh
My heart lies within me

The words of the song shown above declares the mercy and patience of the deity. It portrays that the deity cares, endures, has the power to control herself, has long suffering and does not react so easily. According to Okomfo Akosua Adutwumwaa, the song also reveals the compassion and forgiveness power of the deities shown towards people whom it is within his power to punish or harm. When the deity is being commended for her good deeds, she becomes swollen headed and heals all kinds of diseases.

Furthermore, other songs also warn people to be careful about the way they talk about things. For instance, the song below cautions people to be mindful of how they address issues.

Obi ɛreyɛ nadeɛ a nka ho aɛm
Adeɛ nyinaa Onyame na wɔyɛ
Obi resom ne Nyame a nka ho aɛm
Obi resom ne bosom a nka ho aɛm
Obi yɛ ne sala a nka ho aɛm

Adeε nyinaa Onyame na wɔye

Translated as

If someone is doing something, don't talk about it
Everything was made by God
If someone is worshipping his or her God, don't talk about it
If someone is worshipping his or her god, don't talk about it
If someone is doing Salah, don't talk about it
Everything was made by God

The song above warns and advises people not to be talking about the religious affiliation of someone and also where one seeks for medical care because everything was created by God. The song also gives clients full assurance that where they have found themselves has its source from the supreme God and everything including the deities are creatures of the Supreme God. This was also affirmed by Bungari (a deity) when the researcher had conversation with him.

4.3.1.3.1.3 Songs that feature in administering the medicine at Bokankye Akua Gyabon Shrine

Songs sung at this shrine also create ambiance which facilitates healing. It was revealed that the music creates a very strong connection between the physical and the spiritual. Through such strong connection, the spiritual and the social needs of the members are met.

The song below expresses the desire of people who have tried all means to get help but have been disappointed in life. From the song, it can be observed that, the deity serves as a father to the fatherless and a mother to the motherless. This song calls on the deity to come to their aid. It also calls for the deity to lead them in all their affairs which include their coming in and their going out.

*Gye me taataa
Me nni εna o me nni agya
M'awie mabrabo*

Translated as

Lead me to crawl o
I have no mother
I have no father
I am done in my life

4.3.1.3.1.4 Songs in Administering Medicine in Apomasu Kwao Shrine

In Apomasu Kwao shrine, music also plays an effective role in the administration process. It was explained that music offers amplification and encouragement in the course of medication. The priest Kofi Fofie stated that music is very active in the healing process because it invites the deities. He added that when the songs of the deities are not sung for sometimes, it reduces their active potency.

Some of the songs sung at Apomasu Kwao shrine include the following;

*Anomaa ei anomaa ei
Bedi aduro
Anomaa ei anomaa ei Bedi
aduro
Ɔkɔdiee anomaa kone ntakrabo
Bedi aduro
Ayei bedi aduro o
Aduro ye oo*

Translated as

Bird, bird, come and fortify yourself
Bird, bird, come and fortify yourself
Feathered eagle come and fortify yourself
Come and fortify yourself
Fortification is good

The song is calling out people to come and fortify themselves. From the song, an eagle which is said to be the strongest of all birds is being invited to fortify itself. This song advises all calibers of persons to come and fortify themselves.

The song below also expresses the joy people get when they fortify themselves both physically and spiritually. From the song, it could be deduced that the deity is being advertised. The song is informing people that, the deity's arms are opened to receive everyone who intends to strengthen him or herself. Moreover, when such songs are played, according to Okomfo Kofi Fofie, the deity dances with power and vigor and does serious diagnoses and treats various ailments.

Aduro yedi oo
Aduro yedi oo
Yedi no de
Na deɛ ɔdo me no mɛdeɛ

Translated as

Medicine we are fortifying ourselves
Medicine we are fortifying ourselves
We are fortifying with joy
The one who loves me should come and fortify

4.3.1.3.2 Drama in the Administration of Traditional Medicine in the Ashanti Region

Drama runs through all the activities of the administration process of the medicine from diagnoses to treatment through to protection. The rhythmic movement, symbolic gestures, song, and verbal artistry are all dramatic elements displayed in the medication. Mbiti (1975) in his pronouncement argues that making sacrifices and offering, performing ceremonies and rituals, observing various customs and so on are dramatic activities. He further states that it is when people sing, dance, eat and celebrate a particular occasion or event. From the above, it can be construed that drama permeates our everyday activities.

It was observed that drama in the medicine administration is both realistic and abstract in nature. It is very imperative in the administration process, for it helps the patient as well as the audience to visualize the activities and also focus on it. Drama in the medication appears to instill faith and trust into the patients. Dramatic rituals performed in the cause of healing are efforts to change the undesirable, or to maintain the desirable (Richards, 1956). Dramatic performances not only ensure a successful medication but also pacify the divine beings that are responsible for order in nature, appease the spirits, attract and neutralise evil beings, purify humans of their sinful interference with natural forces, and protect against witchcraft.

The traditional medicine administration establishes a great deal of drama but it must be noted that unlike other drama troupes who rehearse their scenes, the drama in this ritual is of a natural flair. Gale (2005) states that even though the act is not rehearsed, treatment of various ailments consist of an ordered sequence of dramatic events. Some of the dramatic scenes identified by the researcher are as follow:

One dramatic element that takes place during the administration of the medicine is the invitation of the deity to possess the priest. At KuneGyendu/Bongari shrine, the preliminary phase of the drama begins with the drummers who gather at a place close to the temple where the gods are located. The singers also come in single and sometimes in little groups and take their seat behind the drummers. Next to come is the priest who wears smock which is the attire of the deity with his bare foot enters the temple with his spokesmen and other elderly officials of the shrine. The drummers and the singers then start full ministration.

Items like two bottles of schnapps and some amount of money are demanded (especially when an individual wants to communicate with the deity). These items are presented to the deity by putting them on the image (shrine) representing the deity. Afterwards, the priest and his linguists perform libation, make incantation alongside and their reasons for inviting the deity is presented to him (the deity). The *nnaa* (bell) is then tinkled continuously to call on him. According to Nana Akwasi Asare (Personal Communication, 18th March, 2018), the ringing bell as pointed out earlier serves as the ringing tone of the deity and the moment it is rung, the deity comes to hear their pray. In the course of the rituals, the deity enters the priest. He then quickly puts on his regalia by the help of the spokesmen, this identifies his symbol of office. The body adornments include whisks, talismans and charms. The moment the deity enters the priest, he shouts (*kai*) and raises a song (*When a fowl drinks water it shows it to God, that's how God created it and that's good*) and then backed by the singers. Instantly, his accent changes as it has been explained earlier (and pronounces *Komfo* as *Ponko*). He sits on an ottoman placed on an animal hide and one of the shrine officials sits on a stool behind the possessed priest (deity) to give him support since he vibrates. The shrine official who is assigned to do this job is a giant person and physically strong. The deity through his medium then begins to chew cola nut, smoke and take hard drinks in excess but he does not become intoxicated. He invites the devotees, the children at the shrine and the sick persons who have been admitted at the shrine respectively to find out their condition. He invites clients one after the other and then diagnose and treat all kinds of illnesses and problems. The possessed priest again becomes aggressive, talks with power and authority. He also gives instructions and orders to the spokesmen. This scene is dramatic and very remarkable.

At Asuo Abresua shrine, when the Suman Panin (Asuo Abresua) is being invited, *nnaa* is rung continuously as in the case of KuneGyendu/Bongari shrine. The image of the deity which is always covered with white calico cloth is then uncovered. Libation is performed and the reasons behind the deity's invitation are disclosed to her. Afterwards, two gun shots are fired. After this act, the deity takes full possession of the priestess. The moment the deity mounts on her medium, total changes occur in the priestess. The character of the priestess changes to reflect that of the deity. The deity starts to powder herself and then administer the medication. The *suman panin* (Asuo Abresua) is invoked when patients with serious ailments consult the shrine.

Moreover, when inviting Kramo Seidu (who is one of the witch-hunting deities) to possess the priestess at Asuo Abresua shrine, the *nnaa* is rung continually like what pertains in the other shrines visited. Libation is then performed using water, contrary to that of *Bongari* (at KuneGyendu/Bongari shrine). This is because the deity is believed to be a Muslim and does not take in alcoholic drinks. This attests to the fact that every deity comes with his or her own lifestyle and their characters are exhibited through the mediums they possess. In line with Bongari's lifestyle, Okomfo Fati Haruna also stated that one of her deities from the Northern part of Ghana known as Naaho Zugu also smokes and takes hard drinks when he possesses her. Furthermore, their reasons for inviting the deity are explained to the image representing him. The deity then possesses the priestess when he hears their plea. The moment the deity (Kramo Seidu) takes full control of his medium, he exhibits his personality and character through the priestess by; making a circle with powder or kaolin around the eyes and another mark beneath the right eye to identify himself as pointed out earlier. He then wears his *fugu*, charms and other adornments and sits on a mat with his legs folded and crossed (like the way Muslims sit during Salah) with his club placed on the shoulder. Afterwards, Kramo Seidu starts to chew his cola. He then invites patients through the spokesman and casts cowry shells to diagnose and treat various kinds of diseases and other problems that have come to him.

These acts are very orderly and are controlled by the deity who manifests through them. The performances are dramas of first class because they are portrayed as if they are planned and rehearsed at agreed venue (Mbara and Okonkwo, 2017).

Another dramatic event is the act of stirring a pot of water to invite a deity to diagnose and treat various ailments. The traditional healer (Okomfo Fati Haruna) first puts on white calico attire and performs libation and incantations to invoke the deity and other

benevolent spirits and then presents to the deity the client's reason for consulting her. She then sits on a stool behind the pot containing water and other substances. As previously outlined, Okomfo Fati Haruna knocks the pot three times and then opens it. The priestess then rings the *nnaa* to call the deity. From the above discussions, it is obvious that the *nnaa* is very crucial in deities' invocation and without it, it will be very difficult for the deities to be called into their shrine as well as their mediums. After tinkling the *nnaa* to invite the deity, she stirs the water in the pot with a special prepared dipper and tilts her head towards the pot to listen to what the deity tells her concerning the illness brought by the patient. The priestess serving as intermediary, discloses everything said by the deity to the patient.

Another interesting dramatic scene that was observed by the researcher was the act of verifying whether food contains poison or not. Any food sent to patients at the shrine is first diagnosed by the deity (*Gyendu*) to find out if it has been poisoned, contaminated or is tabooed for the patient to eat. In the diagnostic processes, the food is displayed in front of the image (shrine) of the deity which is also addressed as the deity (*Gyendu*). The person who brought the food kneels before the deity. With the help of a spokesman, a flat pair of dried cola is cast and when the required sides are shown, it means that the food is safe to be eaten. But if they cast three times and the required sides are not shown, it means there is a problem with the food and needs to be rejected. This activity testifies the deity's secured protection and care he has for his clients.

According to the healers, in harvesting some medicinal plants like *Ahomakyem* (*Spiropetalum heterophyllum*) and *Odii* (*Okoubaka aubrevellei*), healers take off their clothes in order to cut parts. Similarly, Falconer (1992) states that some medicinal plants cannot be approached at mid-day unless the healer who wants to approach it at mid-day goes naked. The healers responsible for this potential vindictive plants are careful to pacify the spirits of the plant to avoid an encounter with revengeful spirits (Warren, n.d.). The hearlers reportedly wear charms of various kinds to protect themselves. Libation is then offered to the medicinal plant and the type of ailment it is going to heal is made known to the plant. Items such as a bottle of schnapp, eggs, cowries and coins are offered to the plant. In most cases, a fowl is offered to the medicinal plant. The sacrifice offered to the

plant placates and controls the inhibited spirit whose part or abode is being destroyed. The medicine-man harvesting the plant also prays to the plant to positively effect its potency powers. The practitioner again promises what to offer the plant when it is able to accomplish the requested task. Some respondents from Asuhyiam stated categorically that they got lost in the forest when they refused to send a fowl they promised an *ahomakyem* plant.

A denuded human being performing libation in front of a plant in a forest and asking a plant to help him or her to cure a patient is an interesting dramatic scene. Mbiti (1989) states that it is drama in which one becomes an actor or actress and not just a spectator. Here, the traditional healer becomes the actor. It could be noticed that such medicinal plants are treated like human beings because of the powers they believe to possess.

A practitioner also explained another dramatic act he performs when fetching medicinal plants. He stated that a few steps for him to reach the plant, he removes his sandals and walks straight to the plant. He then sits on the ground with his legs crossed. The medicineman then prays and makes invocation on a fowl and then tie it to the plant for a day before he can cut part of the plant. It was revealed that refusal to perform such rituals can incur the death or severe sickness of the medical practioners, and the plant can also vanish from sight.

Another fascinating dramatic account given by Okomfo Akosua Adutwumwaa concerns a client seeking for a child. When such a problem comes to the shrine, she first consults her deity (at asoreyeso) to find out the cause of the problem (if it has spiritual affiliation). In this respect, Okomfo Akosua Adutwumwaa with the help of her spokesman slits the throat of a fowl and throws it on the ground. The fowl violently wriggles and eventually dies to determine the oracular answer. As indicated earlier, if the fowl dies in a supine posture (flat on its back), it means the problem has spiritual affiliaion, if it dies on its chest, it means it does not.

Another fowl is then slain to verify if the deity can really help solve the problem for the client. The priestess requests her deity to accept the fowl if she can help give the client a child. The priestess then mentions the client's name, for instance, 'Akosua Antwiwaa says she needs a baby. Please let God through you grant her a baby.' The priestess further continues by saying if truly Nana you will gift her a baby, let your crab come out of the river. If the crab really comes out, it means the deity is ready to gift the client a baby. The

crab and some herbs are combined to prepare medicine for the client to eat. Some of the herbs are also given to the client for enema and also other ones for preparing soup for the client to eat. After giving birth, the baby is sent to the deity and special sacrifice is offered to the deity. The child is then blessed and protected by the deity.

Okomfo Fati Haruna also stated that her goddess also grants babies to women who are in need of. When the client consults her, she invites her goddess and tells her the problem brought by the client. The goddess through the priestess mostly asks the client “Do you need my baby”? If the client responds yes, the deity continues by saying the babies left are cripples, insane, very weak and so on. The deity continues by asking the client “Do you still want”? If the client says no then that ends it. But if the client responds “yes”, she still needs such children, the deity gives the client a very beautiful strong baby with sound mind. The deity always identifies the babies she gives with a scar (like hot water poured on the calf leaving a scar) on the calf of the leg.

Moreover, other dramatic scenes in the administration process include making incantations and beating a client’s buttocks with a sculpted wooden penis in order for the client’s penis to enlarge and elongate as earlier mentioned and the various ritual activities the client goes through when seeking for protection. According to the researcher’s informants, almost every stage of the above stated dramatic scenes may involve numinous activities such as libation, songs, dance and incantations.

From the above discussions, it is evident that the six Aristotelian elements of drama which are, plot, character, thought, diction, spectacle, and song are demonstrated. The administration processes are presented in order of events. Dialogue which is also a feature of drama is also exhibited. There are some interactions between the healers and the clients as well as the physical and the spiritual. Performance which is another important element of drama is also seen since the clients and the audience are largely affected by the performances of the actors (healers). Moreover, the above discussed dramatic events by the researcher is in line with Schechner’s (1995) principal contention that drama is not merely a province of the stage, but of everyday life as stated in the literature review.

4.3.1.3.3 Dance in the Administration of Traditional Medicine

Dance is one of the oldest and most widespread practices known to man. Dance does not only fulfil our needs but also bridges a gap between the finite and infinite. Yartey (2014) expounds that dance is an indispensable element in many important rituals in Africa which serves as a vehicle, through which symbolism and other healing activities are manifested. The study revealed that the deities dance to exhibit their aliveness in the physical world. In relation to this, Opoku (1964) explains that people dance to show that they are alive whilst on the other hand, stillness connotes death. The diviners explained that when they want to be possessed by their medical deities, they engage in dancing activities and these draw the deities to possess them.

4.3.1.3.3.1 Trance Dance

The study revealed that trance dance is an indigenous ritual dance performed by traditional priests and priestesses whereby a state of altered consciousness is achieved through rhythmic dancing and hyperventilation. The trance dance is also a practice of dancing to the beat of tribal drum allowing the priests and the priestesses to “let go” thereby reaching a state of ecstasy and connecting with primal energy (Erofex, 2008). Trance dance is used for healing various ailments and addressing other problems of clients as well as the negative aspects of the community. One of the priestesses stated:

I have always included dance in my approach to medication. This is because there is nothing more amazing to me for medication than dancing.

When I am fully involved in dancing, I come out of my physical body and my deity takes full control of my whole body. My body which is possessed by the deity will go on moving in rhythm but I experience that, I am out of my body. The deity always makes use of my body on the earth, while I am (my spirit) in the celestial realm (Okomfo Akosua Adutwumwaa, Personal Communication, 21st September, 2018).

According to the *Akyeame*, in the course of the dance the possessed mediums acknowledge God who is the reigning spirit of the cosmos, the source of their physical strength and material well-being. The priest before dancing moves round and throw kaolin within the dancing arena. This act according to the respondents, expels all evil forces that may be lurking in the audience to challenge the priest. The dance is accompanied with rhythmic drumming and singing which are also crucial in carrying out the healing activities. The

traditional priest goes down on his knees at the four corners of the dancing arena and acknowledges the four winds that will carry him to the spirit world (Braffi, 1990). The dance involves a retreat and advance movements of great power, combined with spins and leaps in the air. They begin the dancing by spinning and making series of pivot turns to illustrate the perfection, wholeness and oneness of God. *Ntwaaho* (whirling) is the opening of the *akom* in which the priest or priestess spins round and round. These dances are primarily used as healing tools and focus on spiritual evolution.

The priest in the course of dancing may artistically twirl, jump, turn, authoritatively ground-stamps and twist energetically and gracefully. This demonstrates the power of spirit possession of the priest. From the foregoing, it is obvious that dance invokes deity possession. The priest who is possessed with his medical deity starts to exhibit his healing powers. More so, during the dancing process, the gestures of the priest and the utterances made may psychologically tune or condition the patients' minds to respond favourably to healing.

The devotees as well as the audience engage themselves in the dance activities when they hear the melodious sounds. In some cases, a devotee may be possessed by a deity in the course of dancing. The dancing movement being made by the people around can be thought of as creating a space and means of physical, spiritual and psychological release. The dance as well as the music acts to break down any barrier or separation that may leave the patients and the people feeling isolated, unprotected and vulnerable (Monteiro & Wall, 2011). The dancing activity also grants the patient and the audience the opportunity to engage in healthful exercises since it involves twisting, jumping, generative leaps and gestures and other numerous turnings. This exercise is scientifically acknowledged as being curative.

The study brought to light four main trance dances used by the traditional priests and priestesses in the administration of the medicine in the Ashanti Region. These dances are *Adaban*, *Abofomo*, *Tachimani* and *Highlife*. The dances are structured successively. The *Adaban* according to the researcher's informants is danced by the river deities such as *Tano*. The dance involves a receding and advancing movement of great power and fascination, combined with spins and turns in a circular direction.

The *Abofomo* dance is similar to the *Kete* dance and it involves the movement of the hand and the legs. The *Techiman* dance also has its root from *Techiman* in the Brong Region. The Highlife dance is also a warlike dance which is used for witch hunting and healing purposes. It is danced by the deities from the Northern part of Ghana. This dance is very aggressive and it involves much power when one is dancing.

These dancing styles and movements are versions of the popular dances in the country. It was observed that the priests and the priestesses when dancing are in control of the changes in the musical rhythm. In the course of these ritual dance performances, some traditional priests and priestesses wear grass skirts while others also wear smock with other body adornments decorated with cowries and amulets.

Furthermore, the dances displayed by the traditional priests and priestesses go with the rhythm from the divine drummers, as if it has been well-planned and rehearsed among them (the possessed priests, music makers and the drummers). The drummers are able to match the percussive patterns of the sounds through the graceful steps, postures, gestures and articulations of the possessed priests and priestesses.

4.3.1.3.4 Verbal Art in the Traditional Medicine Administration

Asante Traditional medicine administration in the Ashanti Region is imbued with verbal art. Verbal arts in the administration process are used to communicate and express inner desires of the healers and the patients to the Supreme God, ancestors, gods and other spirits. Moreover, through verbal art the wishes of the divinities are expressed to the patients. Verbal arts which are verbalisations that cannot be expressed or understood unless they are learnt are used at different stages in the Ashanti medicine administration processes.

4.3.1.3.4.1 Poetic and Artistic Prayers

Communication to the gods mainly takes the form of poetic verbalisations uttered in prayer, during sacrifice, libation and invocations. Libation is a ritual act of pouring water or distilleries on the ground or an altar as an offering to a god or a spirit. It is not the libation *per se* which is art but the poetic prayer accompanying libation is a verbal art. In the course of the poetic prayer, appropriate words designed to yield desirable results from the Supreme God, ancestors, deities and other benevolent spirits are spoken. Through these poetic invocations and lyrical expressions of preconscious knowledge, the deities are

invoked. They are used to flatter the spirits, compose encomiums and sound that praises names of the spirits to influence them to respond to their requests (Nortey, 2009).

Items used in libation performance among the traditional healers include water, gin, whisky and schnapps. They offer drink because in the Asante society and for that matter the Akan community, drink is often used to welcome people. As affirmed by Agawu (2007) and Van (2002), in libation performances, offering the ancestors and spirits drink is a way of welcoming them. The priest performing the libation chants and make poetic invocations to request mercy from the Supreme God, the gods, ancestors and other spirits on behalf of the patient.

The poetic prayer accompanying libation performance is in three main stages which are invocation, supplication and conclusion (Sarpong 1996 and Yanka 1995). The poetic prayer starts with invocation of the presence of God the Supreme Being, ancestors, the reigning deity and other spirits to welcome them to accept their plea in order for the patient to be at liberty. At the end of the libation performance, they show gratitude to the invoked ancestors and spirits and finally invoke curses on all detractors. Ladzagla (1980) looks at the whole concept of the artistic prayer accompanying libation performance and is of the view that libation in African is a means of coming into contact with the spiritual world. A typical invocative verses which are employed in the course of libation that precedes healing is:

Twereduampon Kwame ye kyere wo nsa na yen mma wo nsa.....wee,
Asase yaa, gye nsa,wee,
Nananum nsamanfo mo nsa nie,.....wee,
Subri gye nsa.....wee,
Gyeabour gye nsa.....wee,
Gyendu gye nsa.....wee,
Tano gye nsa.....wee
Agyapre gye nsa.....wee.
Pim duasa ne abosom aduasa nyinaa mo nsa nie.....wee
Pim duasa gye nsa.....wee.
Ahomhom nyinaa monsa nie.....wee.

Ye frɛ mo a nnye boneweɛ,
Na ɛye adesɛ.....weɛ
ɛye mo nana Akwasi Poku nieweɛ
Ɔbaɛ a ɔkura ne nsem odwan pa a otua dua ne broni nsa..... weɛ,
De sɛ nananom nsamanfoɔ ne nananom abosom sɛweɛ
Yare a aba ne so yi enam fin a wode aka nananom ntiweɛ
Nananom behunu ne mmɔbo..... weɛ
na wɔn ama ne ho nto no weɛ
woye abɔfra wɔnnim nti na ebaasaa.....weɛ,
Onipa bonefoɔ a wɔn mpe yen yie deɛ, nananom moma emmɔ wɔn tri so..... Mo
ne kasa

Translated as

Almighty God, we show you drink but we do not give you drink..... weɛ.
Mother Earth, take this drink..... weɛ.
Our great forefathers, this is your drink..... Weɛ,
Subri, take this drink..... weɛ,
Gyeabour, take this drink..... Weɛ,
Gyendu, take this drink..... Weɛ.
Tano, take this drink..... weɛ.
Agyapre, take this drink..... weɛ.
Thirty gods, this is your drink..... Weɛ,
All spirits, this is your drink..... Weɛ.
When we call on you, it is not for any bad reason..... Weɛ,
It is to request for something..... weɛ,
It is for the sake of your grandson Akwasi Poku..... Weɛ,
He's here with a proper sheep and the whiteman's drink..... Weɛ.
To request from you, the ancestors and all the gods that..... Weɛ, This sickness
that has come upon him is as a result of the filth he associated with
you..... Weɛ.
He requests that you have mercy on him..... Weɛ,
And make him recover from this sickness..... weɛ.

For he is a child who is ignorant that is why it happened so..... weε.

Anyone bad person who wishes bad for us, may it go back to him.....good talk.

The words accompanying libation play a communicative role which entices ancestors as well as the deities to operate. While performing the poetic prayer accompanying libation, the patient and the people around go down on their knees with their hands at their back to show their submissiveness and their total remorse. Sometimes, the patient even cries in order for the spirits to have clemency upon him or her. In most cases, if the patient is the bread winner of the family, the elders around will also be disclosing that fact and other things that will attract the sympathy of the ancestors and the deities while the priest performs the libation. It was noticed that they tried to say and do everything to touch the heart of the spirits in order for their mercies to be extended to the patient.

Moreover, the researcher witnessed an incident where Mallam Abudu healed a man of severe headache through incantation. He recited some prayers which went like;

*Otumfoε Nyankopong sa no yareε
O Otumfoε Nyankopon
Wo bayi hia ayaresa
Otumfoε Nyankopong sa no yareε*

Translated as

Supreme God heal him
Oh the Supreme God
Your son needs healing
Almighty God heal him

While making the incantation, he pulls the headache alongside and transferred it to the wall as explained earlier. After the incantation, the patient was healed. Makinde (1988) affirmed that there is a strong belief in the power of words if spoken correctly in the correct place at the correct time. Throughout the study, it was noticed that the efficacy of an invocation is derived from its evocative power and the healers' strong faith they have in what they are doing. Faith has the power to make impossible things possible. The strong faith of the healers make everything workable for them.

4.3.1.3.4.2 Verbal Art in Harvesting Medicinal Plants

The respondents stated that they mostly verbalize before they can harvest some of the herbs. They further indicated that in most cases to be able to identify the plants as medicinal, series of incantations are made. According to one of the practitioners, the moment she gets into the bush or forest she starts reciting;

*Nana, medi w'ani na enam
Medi w'aso na enam Wo
hunu a ma hunu
Wote a m'ate
Wo anhunu a m'anhunu
Wo ante a maante
Hunu na me nhunu
Te na me nte.*

Translated as

Nana, I move with your eyes
I move with your ears
If you see I see
If you hear I hear See
so that I can see
Hear so that I can hear.

The respondent explained that the moment she finish with this recitation, her eyes open to sees the medicinal plants and she begins to collect them. In some cases, after she is done with the recitation, she hears the voice of the deity directing her on the medicinal plants she should harvest. The respondent further revealed that sometimes when she finish with the oration, her hand stretch towards the medicinal plant and she just pluck or collect them. Moreover, a traditional healer further stated that in harvesting some medicinal plants, with her bare foot, she holds the leaf with the left hand and places the left leg under the medicinal plant. The right leg is left behind in the course of harvesting. Then she makes the following recitation:

*Nana..... na w'abɔ dua no din (Ahomakyɛm, Odii, Bonsamdua)
Medi wo rekɔ sa na w'abɔ yare no din
Me pa w'kyɛw gye me nsem sika yi
Na gyina makyi akyi gyina pa
Ma aduro yi nyɛ adwuma*

Na nfa nkunimdie mmra

Na se wo sa no yareε a

Mεda w'ase

Translated as

Nana (She mentions the plant's name)

I am going to use you to treat..... (She mentions the type of ailment)

Please receive this amount of money and stand firmly behind me

Let this medicine be effective so that it brings victory

When you help cure the patient, I will come and thank you.

From the foregoing, it is evident that most traditional healers chant and make invocations before they can identify and harvest some medicinal plants.

The study again revealed that most of the plants are made potent with the help of incantations as stated by Lawal (2014), most traditional medicines can only be effective when an incantation is verbally recited during their preparation and administration. The incantation and the medicine together form the treatment and neither alone can effect a cure or elicit the desired response. In related argument, Oliver-Bever (1960) states that healing is not solely based on pharmacological properties of a medicinal plant, but on the ability of the traditional medicine practitioner to invoke the plant's latent powers to overcome the disease through incantations. According to the researcher's informants, one can see the herbs the practitioners are using in curing diseases but when an "ordinary person" uses it to heal the same sickness, it will not work. Simply because, special incantations have not been made to effect its potency. This act was termed as the "key" according to the healers as indicated earlier. In affirming this finding, Lawal (2014) pointed out that before a herbalist plucks a leaf that has an active spirit, he has to recite some incantations or even perform rituals otherwise the herbs would not work.

4.3.1.3.4.3 Proverbs as Verbal Art in the Administration of the Medicine

The study has confirmed that proverbs which are recounted verbally are pertinent to traditional medicine administration. Proverb which is part of verbal art is artistically

crafted to make long speeches short. This authenticates the common sense philosophy which states that wisdom doesn't have to involve countless words (*asem pa ye tia*). The priests and priestesses when possessed by their medical deities speak wisdom and knowledge which is conceived through proverbs. It was disclosed that the nature of some statements or words used by the deities when they possess their priests are expressed in euphemistic terms and proverbial language. Proverbs are used as effective traditional healing and counselling tool to instill wisdom into and get their points across to the patient (Adelson, 2003).

Below are some of the proverbs that were identified in the course of the study;

Aboa bi beka wo a, na ofiri wo ntoma mu (If an animal will bite you, it will be from your cloth) - The deities as well as the healers advise their clients that it is likely that the very people who will harm them are those close to them. They mostly say this proverb when they diagnose and find out that the cause of the problem comes from a close friend or relative. The people close to you can hurt you since they know how best to do it. They also use this proverb to counsel and psychologically console people who have been hurt by a close relation. Throughout the study, it was observed that the deities in most cases portray human beings as so wicked and dangerous that fellow persons must be careful of them. Moreover, this proverb again is used to admonish people to be cautious of their close friends and relations because they are the very people who are likely to curse with sorcery or other gods, to make one sick and also to cause other problems in one's life.

Wohu se wo yonko abodwese rehye a na wasa nsuo asi wo dee ho (If you see your friend's beard burning, fetch water and place it by yours) - The traditional healers use this proverb when they find out that there is an outbreak of illness or death in a family or a community and the members are dying one after the other. The priests and priestesses when they are possessed by their medical deities use such proverb to alert members to seek for protection before it gets to their turn. This proverb also advises people to learn from the experiences and circumstances of others.

Dua a enya wo a ebewo wo no, yetu asee; yen ntwaso (the stick that will pierce you, we uproot it but we don't cut it) – This proverb tells people the attitude of eradicating potential disease and other dangers early rather than encouraging them to grow. They advise people to come to them since they are the only people who can uproot the root cause of their ailments, enermies and other problems.

Se akokɔ boro nsa a, na ne were firi akrɔma (When the fowl is drunk, it forgets the hawk)

- This proverb is mostly said when a client refuses to offer his or her promises. It was revealed that when the client is very ill, he or she makes a lot of promises to the deities and the moment the person gets healed, he or she forgets to fulfill the promises made. When such persons become ill and they visit the centre again, this and other similar wise sayings are used to welcome them. This proverb is also used to educate people around to be mindful of every promise they make.

From the practitioners interviewed, it was observed that the content of most proverbs are originated by the deities. It is evident that the deities use proverbs as intellectual maps to find lost path in the world especially during the diagnostic and therapeutic processes. It can also be explained that the traditional medicine practitioners use proverbs as the vehicle for undertaking traditional healing.

4.3.1.3.4.4 Myths and Legends

Myths and legends recounted verbally about the medical deities and their mediums give further highlight on the importance of verbal arts in the medicine. Well known stories which have been made in the past about the medical deities and their priests and priestesses to explain their miraculous and mystical services and performances tend to influence people to have confidence in them. These stories have been handed down through generations and are interwoven in the daily lives of the people and remain as part of their character. Phylis (2017) established that myths, superstition and legends of the healers are expressions of people's faith they have in them.

The myths and legends give people information about the history of the medical centres which include how they came into being, the wonderful performances the deities have exhibited and the deities' mysterious encounter with their priests and priestesses. Myths and legends of this nature have been discussed under the identification of the medical centres in the previous chapter. These stories tend to reinforce belief in the spiritual powers of the deities. Myths and legends are highly instrumental in transmitting the people's medical beliefs from mind to mind to make more and more people believe in the efficacy

of the medicine (Osei-Agyeman, 1990). The myths and legendary psychologically influence healing.

4.3.2 Cultural Aspects of Administering Asante Traditional Medicine in the Asahanti Region

4.3.2.1 Cosmological Beliefs and traditional medication

Among the Asante traditional people, the cosmos is believed to be in two forms, which are the physical (seen) and the spiritual (unseen). The people strongly believe in the numerous supernatural, presence of divinities, demons, ancestral spirits and gods who operates in the cosmos. They also belief in the Supreme Being as the ultimate and the governor of all the mystical beings, who created everything in the universe.

The supernatural beings are believed to have superior powers compared to human beings (Mbiti, 1989). These hosts of spirits are grouped into benevolent and malevolent. According to the respondents, most sicknesses and other mishaps are caused by the evil forces. These forces which include sorcerers, witches and wizards are considered enemies and followers of Satan. Likewise, the International Humanist and Ethnic Union (2017) in their study found out that witches and demons are all interconnected evil powers present in the African view of the universe. In view of this, the people conceive the human condition to be full of uncertainties and insecurities. These insecurities have led the people to realise that they are not whole, and need to lean on something that can help to bring them security (Auwah-Nyamekye, 2013).

The people also believe that the benevolent forces are the ministers of the Supreme God and work on His behalf. Owing to this, various remedies which are thought to come from God, are said to mainly dispensed through the benevolent spirits, though not without the assistance of the ancestors and the mother earth, hence the invocation of all these powers by the healers before commencing diagnosing and healing. While the benevolent spirits mobilize the medicine-men and women to prevent and cure diseases, the evil spirits also marshal witches and sorcerers to spread diseases and prevent healing (Osei-Agyeman, 1990).

Since the powers of the kind spirits are given by God and God being the ultimate source of healing, He is always acknowledged in the therapeutic processes. The medicine-men and women believe that without His permission, it will be very difficult for a patient to

regain his or her health. This is evident in their expression; *Onyame ye adom a, wo ho beto wo* (when God permits you will be well) even when a patient is seriously ill and hopes are lost. This strong belief in the Supreme Being is also demonstrated in the patients. For instance, when a patient's illness is at a terminal point and he or she is asked of the condition the patients responds; *Onyakopon adom eye* (by God's grace, I'm well). The study revealed that his permission is granted through ritual performances such as offering of animal as sacrifice, invocations and libation performance.

There is also the belief in ancestors. It was revealed that after death, the souls (Okra) of the deceased persons who led an exemplary life enter into a spiritual state of existence. Being spirits, the Supreme Being is thought to have endowed them with special powers to interfere in human activities and to bless or to curse (Gyekye 1996). The ancestors are believed to reveal medicinal plants to the medicine-men to cure various diseases. They also support the medicine-men to fight against malevolent forces which in tend to spread diseases and cause havoc. It also came to light that the ancestors also gift people with the profession of traditional healing. Some respondent affirm their encounter with their ancestors showing them medicinal plants in their dreams. This has now made them traditional healers.

Moreover, witches are also believed to operate as mystic living creatures such as birds, bats, cat, and other living things. The objectives of the witches are to inflict harm, insanity, disease, miscarriages, deformities, death or any other unexplainable problem (Adeyemo, 1978). They are believed to neutralize medicine, diagnosis and healing activities. Also, there is a belief that man becomes vulnerable or exposed to harmful acts of the witches when there is imbalance between the physical and the spiritual. These witches are believed to have remedy to some of the ailments they cause. In view of this, they are mostly apprehended by the healers in order for them to provide the remedy to free the patient.

There is a belief that diseases of different kinds emanates as a result of an act of contravening the divine laws which include violation of taboos, laws, or moral codes. This paves way for an individual to attract diseases which may come as a form of punishment.

These punishments are believed to come from the ancestors, the deities as well as the malevolent forces. Also, animate and inanimate objects such as grove, river and crossroad are believed to have demons or spirits which could be dangerous to mankind and can cause severe illnesses when they are offended. For the purpose of healing and maintaining life, the indigenous people lead their moral lives and values in accordance with the societal code of ethics so that they would ensure balance between the two worlds.

4.3.2.2 Religion and Traditional Medicine Administration

Religion is a remarkable feature in the administration of Asante traditional medicine. The medicine occur in the context of the people's religion. It is also embed in the religion and it is known as religious healing. Among the practitioners and their devotees, religion is a very strong factor in their lives and exerts most probably a great influence on their thinking and all aspects of their lives (Gaba, 1973; Opoku 1978; Mbiti 1989; Idowu, 1973). The study revealed that religion is rigidly fused into the people's medical practices making it difficult to isolate it from their culture and spirituality. Prior to their association with the gods and other spirits, indigenous religious philosophies are the only standards known to them. Based on the various observations and interviews conducted from the field, there is no doubt about the fact that religion plays a key role in the people's understanding of any phenomenon which includes diseases and ill-health. It is therefore worth noting that a typical indigenous person view of the cause of disease mostly stems from his or her cosmology or worldview.

Generally, these traditions are oral rather than scriptural, which means that the basic values, beliefs and ways of life are passed from elders to younger generation through word of mouth. It includes belief in the supreme creator, belief in host of spirits, veneration of the ancestors, the use of magic and also their traditional medicine. According to the respondents, before the advent of Christianity, Islam and other religions in Ghana, Traditional Religion which they strongly believe was the only religion of their ancestors and has been practised from time immemorial. The indigenous people had already formulated the belief in the Supreme Being and other spiritual forces who are thought to bestow children, care for their health as well as the welfare of the people. Opoku (1978) established that it is not to be referred to as something of the past; it is only to indicate that it is undergirded by a fundamentally indigenous value system and that it has its own pattern, with its own historical inheritance and tradition from the past.

Moreover, the traditional healers believe that the Supreme God is the creator who controls and sustains the physical and the spiritual world and they worship Him through the gods. Similarly, Osei (2006) states that African traditional theologians explain that one cannot worship the Supreme Being formally without the agency of the divinities or ancestors just as within the traditional political and diplomatic contexts, one cannot formally contact the king without the agency of his spokesmen or sub-chiefs. This practice is similar to that of the Christians (who worship God through Jesus Christ), Muslim (who worship God through Mohammed) and other religious bodies. The respondents revealed that the traditional medicine practitioners (the priests and priestesses) in the Ashanti Region have not among them an agnostic in God. The Asante's proverb *obi nkyere akodaa Nyame* (no one shows a child God) summarizes it all. To them, God is everywhere and everyone can know him through his creation which is even known by children. It can be inferred from the above narration that, it is rare to find a traditional healer who does not believe and worship God. Their saying which they strongly believe and was made by a number of the respondents attest to the fact that even children do not need anyone to tell them that God exists and this suggests that it is foolish for an adult to claim he or she does not know or worship God. From the above discussion, this phenomenological conception of Traditional Religion logically implies the rejection of the "stupidity theory of religion" (Osei, 2006). This theory upholds that African Traditional Religion is followed by irrational people who in their stupidity bow down to some natural objects such as stones, trees and rivers instead of the Creator who created such objects. In the light of the more objective or scientific study of religions, African traditional religion can no longer be justifiably characterized as stupid since the worshippers do not worship the said material objects per se, but the spirit of the Creator reflected in them (Osei, 2006). Since God the Supreme Being is believed to be the creator, the healer and the giver of life, he is considered to be the ultimate healer of all ailment.

It was observed that at the various shrines, there were members or devotees who fellowship as in the case of other denominations. The devotees of the shrines are made up of some family members of the priest or priestess and members whose problems have been solved

by the deity and are still under the deity's protection. There are also other members who are casual and go there when they encounter problems such as ailments and misfortunes. It was disclosed that some of these casual members practice syncretism; belong to other religious groups as well.

To become a permanent member, one must go through some rituals. These rituals bind the followers to the deity of the shrine. According to the priests and priestesses, there are proven rigorous regimens that individuals must go through to become permanent members. Through the rituals of fowl sacrifice, baptism and others, the individual is accepted as a permanent member. When accepted, it is compulsory for every member to be loyal to the deities and lead righteous lives. It is also obligatory for individuals to shun all kinds of immoral behaviours and also partake in the religious activities of the shrine. Any individual who fails to follow the religious law or principles of the shrine possibly encounters misfortune or sickness from the gods. The gods end a member's life if he or she continues on the wrong path.

In traditional religion, unlike the Christian religion, no ordinary person can just get up and declare himself or herself as a priest or priestess. The call into the traditional priesthood according to Coffie (1996) is an individual but also a public affair. The study revealed that the traditional priests and priestesses in their religious act worship, pray and offer sacrifices to the Supreme God through consultation and communion with lesser deities as well as their ancestral spirits. They make verbal utterances (prayers) which are conducted daily by virtually every traditional practitioner in the form of libation. Their worship and prayers always reflect their adoration of the Supreme God, as well as the needs and aspiration of their people. They fellowship on some special days chosen by the deities and on festive occasions and sacred days such as *nnabncne*, literally meaning bad or evil day. These are the *Akwasidae*, *Fcdwoc*, *Awukudae*, and *Fofie*.

At the religious ceremonies, drumming and singing of rhythmic songs are performed by the devotees. The priest or priestess who embodies the deity as well as the members, perform distinct ritual movement or dance which further enhances their elevated consciousness. Their religious practices usually manifest in divinatory rites. The priest and the priestess through the rhythmic singing, drumming and dancing go into meditative trance. The priest or priestess while in trance makes some utterances which is interpreted

by an initiated spokesperson. The utterances provide insight into appropriate directions which the community or an individual might take in accomplishing his or her goal.

From the above declaration, the traditional priests and priestesses should be understood as people who are religious and embrace the indigenous religion in their medication bestowed to them by their lineage. This religion has no written literature, but it is written everywhere for people who care to see and read.

In the practitioners' religious traditions, religious life is not an individual but a communal affair and there is no separation between social activities, politics, economic, ethics, tradition and culture; all of them are intertwined to religion (Opoku and Debrunner, 1978).

4.3.2.3 Politics in the Administration of the Medicine

Our everyday lifestyle is said to encompass a lot of politics. Culturally the medicine is partly regarded as a political function. The chief is politically obliged to care for the health of his people. The study revealed that a chief is likely to be destooled if epidemic disease occurs frequently in his reign. It was further explained that the reason behind his destoolment is as a result of his pollution of the stool and the land. Nana Akwasi Asare further stated that if epidemic disease occurs, it is the prime duty of the chief to summon medicine men and women to quickly stop it.

The chief of the land is said to be connected to the mystical cure because he is regarded as the viceregent and personification of the medical and tutelary deity as well as ancestors of his chieftom (Osei-Agyeman, 1990). In view of this the shrine of the divinity is said to be under the aegis of the human ruler who is considered as the nominal high priest of the cult. In a similar dimension, Ameyaw (1963) in his study of the village of *Ekye*, stated that, "The river god *Afram* is the main fetish and deity of the village. It has a shrine on the bank of the river for which the headman is responsible."

The stools given to the priests and priestesses after their training are political symbols of governance. The role of these traditional medicine practitioners is essentially a political one as it covers the welfare, health, material and spirituality of each single member of the

community (Awoonor, 1990). The healer is represented as both a physical and spiritual character and as the symbolic figure of good against evil (Nuttall, 1998).

One respondent stated;

My sister in law used *juju* (sorcery) on my mother and looking at the severity of the sickness, she was sent to a traditional healer. The traditional healer confirmed that he will be able to cater for my mother. He gave her medication for two days and the third day when we went to him, he was totally blind and talking was even difficult for him. He disclosed that in the night, some spirits came to him telling him, what they want to destroy, he rather wants to liberate. They beat him up and one inserted her finger into his eyes. This rendered him weak and total sightlessness. He discontinued the treatment and we were informed to send my mother away (TMAFC 6, Personal communication, 15th September 2018).

Another respondent also stated that:

A patient was brought to me with severe waist pain. The moment I gave them chair to sit, the spirit causing the illness revealed itself to me and warned me not to welcome the patient in my centre. I didn't mind what the spirit told me. I admitted the patient in my centre because of her condition. At that very night, a host of spirits came to me and told me if I don't allow the client to leave the next day, they will kill me. Looking at the situation, early in the morning, I told the patient's family members to go to another centre for medication (Okomfo Atta, Personal communication, 4th February, 2018).

From the foregoing, the traditional healers who deal with spiritual issues need to be extremely powerful in order to conquer and counteract other evil spirits. According to Okomfo Akosua Adutwumwaa, one of her colleagues was beaten by witches and was dragged from his room outside a street. This is because the powers of the witches supersede that of the healer. According to the traditional healers, to strike or apprehend these witches and wizards, one has to acquire witch-hunting deities which are mostly acquired from the Northern part of Ghana and sometimes outside the country. According to Nana Akwasi Asare of KuneGyendu Bongari shrine, by the help of his medical deities, he is able to wet the witches' wings which prevent them from hovering and operating. By so doing, the evil spirits' real identity is exposed by the priest which is a symbol of championship over them.

Furthermore, Okomfo Fati Haru stated that some healers sometimes spiritually interact with the evil spirits causing the illness to seek permission from them to heal the patient, if

they found out that the disease causing agent's power is stronger or supersedes theirs. Sometimes, the weak priest pleads that in order not for him to be disgraced in the society, the evil spirit should permit him to heal the patient and after a week or a month depending on their negotiation, the evil spirit then brings the illness back on the client. Likewise, the evil spirits sometimes also go to these traditional healers to also plead for the healer not to liberate or heal the patient. One of the healers stated that the disease causing agents in most cases entreat him not to treat the patient.

These evil spirits again have the power to manipulate natural circumstances and because of this, the traditional healers abstain from a lot of activities in order to make them and their deities very powerful to overcome these evil spirits. Sometimes they abstain from sexual activities and follow the rules set by their deities rigidly in order to sustain their powers. They make periodic sacrifices to purify themselves and also keep their deities active.

Moreover, in most cases, some people who are also spiritually fortified deliberately go to these traditional healers to try or challenge them. If the traditional healer is not powerful enough, he or she is disgraced by the opponent or the antagonist. The opponent may then transfer an ailment to the healer after his or her defeat. Sometimes, an opponent may cause a traditional priest or priestess to fall in public while dancing in trance to heal patients. In order to prevent this disgraceful and unlucky thing, they wear charms which prevent them from falling. In spite of this, they are effectively elevated to superhuman status because of their powers.

The study again revealed two forms of political organisations which run through the traditional medicine administration process. These are contemporary and traditional. While the traditional tries to defend and promote the indigenous medication for people to patronize, the modern or contemporary part also presents the traditional medication as pagan, fetish, idolatry and primitive. Most Christians, Muslims, educators and others who belong to the contemporary trend try as much as possible to desist from mystical medication. They also preach and battle against their members not to engage in the

mystical medication. This has dwindled their (the healer) sales and their lost of many customers.

More so, some pastors and prophets claim they are able to cure all kinds of ailments (both physical and spiritual) including someone who has been cursed. The reason being that they have bibles attached to their activities, they have well-furnished churches and temples and as a result, many people seek refuge from them. Some of these so called pastors and prophets claim to do everything these traditional priests and priestesses are doing. They also convince people not to go to the mystical healers since their practices are fetish and idolatrous as stated earlier and do not conform to the word of God. Some of the patients have been taken out from the medical centres by their relatives who strongly believe they are more likely to be treated by these prophets and pastors than the traditional healers.

4.3.2.4 Moral Values that feature in the Medicine

There is no group of persons on earth who have no moral values. The traditional medicine practitioners as a group are no exception. These moral values are set of social rules and norms intended to guide the conduct of people in the society (Gyekye, 1996). The deities through their traditional healers have created an organised rules and regulations which guide and control their behaviour in myriad ways in the society. These rules of conduct are preserved in their taboos, traditions, customs, proverbs, art and other symbols. The moral rules of KuneGyendu Bongari shrine are as follow;

You shall not commit adultery,

You shall not steal or bear any false witness against anyone.

You shall not murder or cause abortion.

You shall not use 'juju' (sorcery) or any spell to cause destruction to a fellow in anyway.

No one shall have sex in the bush.

No individual shall curse anyone

You shall not cheat anyone

You shall not reject any food whenever you are angry

You shall not bear any bad intention against anyone You shall not practice witchcraft or attempt to kill.

These moral values serve as obligations to the people in order to be loyal to their fellows as well as the Supreme God and the deities. The above stated moral values are also recorded in the Bible, Quran and other holy books. The moral rules guide people to lead

decent lives by avoiding all sorts of immoral behaviours and also to observe the religious activities in the shrines they serve. The researcher learnt that those who refuse to abide by these principles are attacked by severe illnesses. Aside the spiritual affiliation of these laws, they also have scientific underpinnings. For instance, having bad intention against someone or harboring things in one's heart (being obsessed) can cause mental disorder as stated in the Akan proverb; *adwen dwen ma onipa bɔ dam* (obsession makes one mad). Even though the moral principles are transmitted through words of mouth, they are very effective and are abided by members of the society.

The traditional healers and their spokespersons further indicated that anyone who defaults any of the moral laws can naturally attract serious ailments, misfortunes and may even die. In some cases, failure to live morally sound life in the society can amount to a member experiencing a misfortune or sickness as a warning from the gods, ancestors and the malevolent spirits, but if the member continues on the wrong path, the gods will finally end his or her life. It is for this reason that Opoku (1979) stated that the gods abhor actions which upset the harmony of the community and are believed to administer punishment to those who infringe upon the moral codes of the community. The shrines (at the study areas) also serve a juridical role of settling interpersonal disputes and provide enforced codes of moral conducts (Dovlo, 1998). This supernatural vengeance controls the moral attitude of the adherence from within and influences them to behave more decently in the society. These moral laws are thought to bring health.

According to Akwasi Owusu the Okyeame of Asuo Abresua shrine, for traditional healers (priests and priestesses) and their devotees to be able to commune with their objects of worship, they must be morally cleansed. This spiritual and religious stimulus possesses the minds of the people and prevents them from engaging in evil practices. From the study, the morally sound behaviours are also exhibited by the deities. For instance, morally, if the priest consults the deity and the patient cannot be healed, instantly after slaughtering a fowl or throwing an egg, the patient is made to know. The patient may then be asked to consult another practitioner. This signifies the deities' goodness, justice and sincerity. Eventhough there are some quack healers, emphasis is laid on the good ones.

More so, in order not for their priests and priestesses to make exaggerated competences (a persuasive strategy that is employed by some quack practitioners in advertising their traditional medicine) to raise their profile, credibility and competence, some deities prevent their priests and priestesses from advertising them on social media such as radio and television stations. These deities are very honest in all their doings since they are the mediators between the Supreme God and man. They maintain and enforce good behaviour in the society.

Moreover, abuse of the natural resources is believed to be offensive to the deities and because of this, they have set moral rules guiding their usage. Anyone who goes contrary to these principles laid down by the deities through their mediums receives their wrath. All these are done in order to maintain balance and good health since the abuse of these natural resources can negatively affect the health of mankind.

The medicine-men repeatedly stated that the moral laws given to the people from the shrines are rigidly followed. This is as a result of the deities's instant justice which acts as a great deterrent to crime among the people. The most interesting part is that either one is affiliated to the shrine or not, when one contravenes their moral codes, the consequences await such person. These deities are there to react against the general lawlessness and attempt to make life more bearable and safe. Interviews and observations revealed that the psychological effect of these medicines on the moral of their people is without exaggeration, for it is a form of religion which checks the people from evil practices.

4.3.2.4.1 Taboos in the Medicine

Taboos are woven into the very essence of the medicine. The taboos according to the respondents are specific religious or cultic injunctions put in place by the deities and the ancestors to ensure the sanctity and protection of human morality, wellbeing and future of the community (Assanfu n.d.). The seriousness attached to taboos is seen in the rituals performed by people who flout any of them. Below are some of the taboos that came out in the course of the study;

4.3.2.4.2 Sex in the bush

At all the shrines studied, including KuneGyendu Bongari shrine, Apumasu Kwao shrine and Asuo Abresua shrine, engaging in sexual act in the bush is considered a great taboo among the traditional healers and devotees since it prevents the ancestors and the deities

from assisting them in diagnoses and healing of ailments. According to Nana Akwasi Asare, sex is considered sacred to the deities and needs to be enjoyed at the right place. Anyone who engages in sex in the bush defiles the land and has to go through serious rituals in order for the elders to appease the gods of the land and the other spirits believed to be dwelling in plants and other natural objects. If the offenders decide not to reveal this offence, calamities come upon them and in some cases the community as a whole. The wrath of the gods and ancestors come in the forms of droughts, epidemics, infertility and even death. Aside the supernatural punishments, it is very important to note that the bush is prone to a lot of dangerous things which can hurt persons who engage in such an act.

4.3.2.4.3 Menstruation

Among the priests and the priestesses, it is a taboo for a menstruating woman to enter the temple. This stems from the belief that the menstrual blood is a source of danger to the deities and other benevolent spirits, because it reduces their therapeutic powers. The respondents added that the deities may be totally powerless or even leave the shrine when a woman in her menstrual period continues seeing them. This opinion was repeatedly stated by the traditional healers the researcher interacted with, during the data collection stage.

Okomfo Kofi Fofie of *Apumasu Kwao* shrine and Okomfo Kofi Basoah of *Asuhyiae Tano* stated that it is a taboo for them to even eat food prepared by a woman in her menstrual period. The menstruating women are mostly relocated into a different bedroom in some cases in another building and are prevented from religious ritual. It was revealed that priestesses who are in their menstrual period do not enter the sanctuary. However, science explains that menstruation is just blood and tissue a woman ended up not using to produce a baby. So far as the menstruating women stick to hygienic habits when they are in the period, they are as clean as they are in any other day.

4.3.2.4.4 Adultery

Adultery is another taboo that these traditional medicine practitioners do not encourage and advise their members not to engage themselves in. This act is also despised by every

society. The traditional healers stated that the ancestors and the deities punish people who cause adultery. One may even die as a result of adultery. According to the healers, this deviant act prevents the medical deities from performing their therapeutic roles especially when such act is caused by a practitioner. The medicine men and women repeatedly stated; 'Do to others what you want them to do to you', as recorded in Matthew 7:12. This attests to the fact that such an act is inconsolable and it should not be encouraged in the society. The severity of adultery to the point of causing inconsolability and devastating gingered Ackah (1988) to state that a man must be charged with adultery not only if he has had sexual intercourse with somebody's wife, but even if he puts his hand around her waist or embraces or fondles her in a questionable or suspicious manner.

4.3.2.4.5 Incest

Incest is another taboo that the adherents of the medicine frown upon. According to Okomfo Kofi Basoah, there is total prohibition of marriage and cohabitation between relatives of certain categories. The section 105 of the Criminal Offences Acts, Acts 29, 1960 of the law of Ghana and other religious bodies such as Christianity do not encourage incest. It was revealed that the medical deities (benevolent spirits) as well as the ancestors distance themselves from the offenders as well as the whole community when this act is committed. Their departure exposes the people to malevolent spirits which can cause ailments and other mishaps.

Incest should not be encouraged since it threatens social orders, the security and even survival of the members of a society (Sarpong, 1974). Scientifically, incest has a greater risk of producing babies with various handicaps, ailments and deformities due to a closer sharing of genetics. This act according to the practitioners defiles the soul of the person who commits it.

4.3.2.4.6 Food Taboos

The traditional priests and priestesses and their deities consider certain foods to be unclean. For instance, it is a taboo to sacrifice dog or cat to a water deity. The priest or priestess of such deities is bound from sacrificing such animals. The deities punish people who defile them with their tabooed foods. According to the respondents, when taboo foods are presented to the deities, it reduces their potencies and thwarts their healing powers.

4.3.2.5 The Economic aspects of the Medicine

The traditional medicine has contributed immensely to the unification of the economic state of Ghana. This has been possible due to its efficacy and maintenance of culture. One major physical characteristic of the traditional medicine favours an agrarian economy. It relies primarily on agricultural industry including livestock farming and crop production. Animal rearing is central in the study areas. Animals such as fowls, sheep, cattle, dogs and cats are reared by the traditional healers as well as the neighbours of the centres. Interviews and observations revealed that people who consult these practitioners patronize in these food crops and animals since they are mostly used as sacrifices and other ritual performances. Some of the clients and the devotees stated that at times, the deities would never accept the animal if it was not bought from the healers themselves or the neighbours. This attests to the fact that the deities want people to patronize in the neighbours' businesses. Also, sacrificing one fowl in most cases is not accepted by the deities. It was revealed that in some cases as many as ten fowls are slaughtered before the deities accept a plea. Even though killing numerous animals is destruction of livelihood, it is also a way the deities use to generate money for the neighbours.

Moreover, traditional medicine has a significant economic importance as it creates employment for millions of people including the practitioners, the vendors and the town folks who obtain generate income from their products. According to the respondents, the medicines are in high demand within and outside the country. Many people who engage in harvesting and selling the herbs are generally self-employed and form part of what Cunningham (2001) termed as 'hidden economy.' Respondents explained that in most cases, the healers pay people (errand guys) to go to the forest and other places to harvest the medicines.

At the centres, various items are also sold. For instance at KuneGyendu Bongari shrine items like drinks of different kinds (schnapps, whisky, 8pm, akpeteshie, etc.), containers, cola nuts, cutlasses, eggs, and others are sold there. Most of these items are required by the medicine-men from the clients during the administration processes. While some of these items are sold there, it makes it easier for clients to have access to them. Nana Akwasi Asare and Okomfo Kofi Basoah stated that their wives sell a lot of items at their centres and these generate them more money since most of the items are not sold in the town. In

addition, various foods are also prepared at these places and sold to clients and other people who go to the medical centres as in the case of Dr. Abban Traditional Herbal centre. According to the respondents, through the income they get from the aforementioned activities, they are able to cater for their homes and provide good education for their children. The youth who continue their education beyond the Senior High level, most of the time, end up in Herbal Medicine programs. These young ones learn new ideas and therefore pass on these new ideas to their generation.

The high patronage of the traditional medicines also generates income for the nation. It came to light that people from different countries patronize the medicines. These people who come for medication and buy the medicines generate income for the country as well as the practitioner. More so, for protection and other serious problems, some people travel all the way from United States of America, United Kingdom etc. and other nearby countries to Ghana. The study again revealed that some of the medicines are transported to many countries. Geest and Whyte, (1989) state that the nature of the traditional medicines makes them easy to transport to countries with a defective transport system. The practitioners again pay taxes to the government through the work they do which also contribute to the development of the nation's economy.

The effectiveness of this traditional medicine helps to increase productivity. Since the traditional medication helps people to regain their strength, work output become very high in the country. While workers are very strong and perform their duties every day at work, the per capital income of the country becomes high.

The public performances of the priests and priestesses apart from their socio-cultural and religious responsibilities also provide an economic exposure. While they dance, they showcase and exhibit their powers and indirectly sell their religious product. This platform serves an economic platform where economic motive is expressed laudably on the stage. While these priests and priestesses are displaying powers and making superb miracles, the audience chooses which priest or priestess they would want to consult for solution to their problems. This brings about more clients from far and near. According to Atuahene (2010), the more dramatic a miracle performance is, the greater the number of clientele who troop to that performer's shrine in the days following the act. The dramatic impressive acts attract more clients. These new clients mostly consult the priests and priestesses (especially their spokespersons) behind the scene and arrange for their services.

Moreover, the members of the society including farmers, business men and women, galamsey operators and some pastors consult the deities for wealth and productive jobs. The eagerness of the public to obtain the assistance of the deities has motivated many ambitious citizens to procure a shrine for the enrichment of their pockets. These deities are also believed to be capable of providing jobs and travelling opportunities. In view of this, the members who are seeking for jobs and those who want to travel abroad for greener pastures consult the deities at the various centres.

4.3.2.6 The Social Aspect of the Medicine

Indeed, the traditional medication involves a great deal of cultural aspects and one of the cultural components is the social phenomenon. Socially, the administration of traditional medicine is hierarchically organised as pointed out earlier. The social ladder includes the members of the community and the environment (that is, the natural world of land, sea, rocks, plant and animals). Among the traditional healers, the supernatural and the natural are glued together in their medical system. From the above discussion, it is clear that society is not limited to human beings alone. There is also a complex relationship between persons, the seen and the unseen world and the environment. It is for this reason that Mbiti (1969) states “I am because we are.” This statement characterizes the relationship between the individual and his society; it can also be applicable to the relationship between the human community and the environment. In view of this, Osei-Agyeman (1990) pointed out that, the therapeutic system is an institutionalised form of social phenomenon embedded in, and organised along the people’s social principles.

An important point which connotes a social fabric of the traditional medication is the establishment of interpersonal relationship between human beings, the deities and other spirits. Through libation performances, sacrifices and other ritual activities, a cordial relationship is established and maintained among the people and their deities as well as the living and the dead. According to Okomfo Fati Haruna, these ritual performances enable the deities and the ancestors to hear their requests and answer them. Moreover, it is interesting to note that at Asuo Abresua shrine after diagnosing, when it is revealed that the sick person has offended a fellow, the patient is advised by the healer to settle the

problem with the fellow before he or she can be healed as indicated earlier. In most cases, the offender and the offended persons are invited into the shrine for the settlement. It is for this reason that Osei-Agyeman (1990) stated that the social function of the medical system is an important aspect of the medicine since the therapy concerns itself with restoration and maintainance of the health of the community.

The social relation is also seen among the deities. From the field study, it was observed that a priest or priestess may be operated by numerous deities from different places with different cultural backgrounds. They may live in the same shrine and sometimes under the same roof but may not fight among themselves. The deities do not interfere one another even when one of them is manifesting through the medium. It was disclosed that the deities work orderly and live cordially among themselves and this helps them to treat various problems since each deity has its own area of specialization. It could be seen that the deities hold the idea that together they stand and as the saying goes, a broom when one is taken its breakable but when they are put together its unbreakable.

More so, the singing, drumming and dancing performed during the administration of the medicine bring people together. This act provides entertainment for the people and through these activities, people become emotionally relieved. The people also get to know themselves in the cause of this act. More so, at the shrine, the patients who come and stay there for medication also interact. While they corporate, they also link up with friends and family members who also come and visit them. This creates new social bonds since it opens the way for people from different homes, clans and different ranks to come together to form a sect and interact with one another.

4.3.2.7 Language in the Medicine

Language which is an aspect of culture is predominant in the medicine. Since the centres are situated in the Ashanti Region, the Asante Twi which is the local dialect is frequently used in the administration process. Curative proceedings are therefore largely understood by Asante citizens. This may be one of the phenomena that has invited the great support and patronage of the polity and the inhabitants of the region. During medication, the deities who ride on their mediums also come with their vernaculars, which are mostly interpreted by initiated spokesmen of the shrine. In the cause of this, a priest who is an Asante may speak '*Frafra*' when possessed by a '*Frafra*' deity. It was further revealed that if the language cannot be translated by the spokesperson, someone who can best

decode it to Asante Twi is called upon. Some of the languages that the foreign deities speak include; Moshie, Frafra, French and Dagari.

The expressions made during the therapeutic process are full of idioms and proverbs. For instance, at Kune Gyendu/Bongari shrine the expression '*Wo ahyɛ kyawkyaw*' (you have worn an Akan chiefs' sandals) means your feet are swollen. Also '*Wo ahyɛ fugu*' (you have worn smock) means your belly is swollen. These expressions are made when one is cursed and the outcome is manifesting in the person's body. It is also interesting to know the expressions '*Tua odwan*' (pay a sheep) and '*Tua odwan pa a otua dua*' (pay a sheep bearing a tail). 'Pay a sheep' means the client is to pay money while 'pay a sheep possessing a tail' means payment of a real sheep. These expressions are interpreted to the clients when they are used.

4.4 Results and Discussions on Objective Three of the Study: Analysis of the Positive Aspect of Asante Traditional Medicine so as to Help Erase the Negative Perceptions that Exist about it.

Traditional medicine administrations in Ashanti Region and for that matter Ghana go far beyond curing of ailments by the use of herbs, animal parts and mineral substances. The medicine exhibits the community's culture such as belief systems, customs as well as their religion. While western propaganda leads most people who do not know the nature of the medicine to believe that traditional medicine is evil and the healers are practitioners of witchcraft and ungodly acts, it is important to note that traditional African healing does not encourage or condone witchcraft and ungodly acts. Asante Traditional medicines take total control of an individual's moral, social, physical and spiritual well-being. The belief is that a person becomes ill when one of these aspects is not functioning.

Moreover, as earlier mentioned, everything in the universe including spirits and deities were believed to be created by the Supreme Being. It was revealed that like human beings as we have good and bad ones, same applies to the deities. There are benevolent and malevolent deities. The benevolent forces according to the healers are the ministers of the Supreme Being and they work on His behalf. In affirming this Onyinah (2002) stated that

the benevolent spirits are the Supreme Being's most competent representatives on earth (Onyinah, 2002). Owing to this, various remedies which are thought to come from the Supreme Being, mainly dispensed through the benevolent spirits. Osei-Agyeman, (1990) further explained that while the benevolent spirits mobilize the medicine-men and women to prevent and cure diseases, the evil spirits also marshal witches and sorcerers to spread diseases and prevent healing. 80% of the respondents established that the deities and spirits that assist and support healing are not evils as perceived by most people. But they are there to supernaturally protect and heal man from all kinds of ailments. For instance, the respondents established that deities and other spirits including *Tete abosom*, 'tutelar gods' (such as *Tano*) function as guardian spirits, healing and protecting members from diseases and mischiefs and are very flexible to mankind. Evans (1950) in his study of Akan Doctrine of God had similar finding. According to Koranteng-Green (2018), these spirits (such as the *tete abosom*) are positive and work to help people as they mediate between humanity and *Onyankopon*. It is for this reason that Afriyie (2010) stated that the *ahonhom pa* (good spirits) function in a way that leads to the well-being of mankind.

According to Nana Tiwaa of Pakyi No. 2 (a then sorcerer) the evil spirits provide *suman* (fetish spirit) for witches, sorcerers and act as their agents to cause diseases, infermities and other problems to mankind. She further stated that this is not in the case of the benevolent spirits. She added that the benevolent spirits use their powers to teach people knowledge of traditional medicine and also assist the medicine-men in diagnosing and healing diseases.

There are also *abosom abrafoɔ* (executioners) which according to Opoku (1978) are considered as vindictive spirits used in the practice of magic which have been elevated to the status of gods and their main activities are centred on witch-hunting and executing quick retribution to wrongdoers (Onyinah, 2002).

It is rather unfortunate that most religious bodies condemn traditional mystical medicine as evil and preach against its administration. For instance, a familiar disease called '*asram*' which usually attacks babies, according to the healers, is believed to be caused by evil spirits and no orthodox or scientific medicine can cure it. It was explained that this ailment is best cured by traditional supermundane healers or healers who are assisted by supernatural spirits. The questions which were repeatedly asked by the healers are; "Why do the so called Christians, educators and other religious members who preach against this

form of medication still send their babies to these traditional healers when they are attacked by the above stated ailment? Why shouldn't they allow their babies to die since this form of medication is devilish and satanic?"

Furthermore, the physical aspects of traditional medicine can be scientifically studied and analysed using the conventional scientific methods of investigation. Micheal (2017) had similar finding in his study into African gods as potent forces in the efficacy of traditional medicine. With the spiritual aspect, the study revealed that invisible does not mean unknowable or mysterious. It is invisible because many subtle aspects of everyday reality are not looked for except with disciplined investigation. On the side of those who have been trained and do understand, the unseen is no mystery. But to those who are untrained and do not understand its linkage, it works like magic to them. This is one aspect that many people who do not subscribe to this belief system fail to understand. This is among the reasons why traditional medication is mostly referred to as witchcraft by outsiders. Although invisible exists, it can be constructed, interpreted and understood in different ways. In reality, some of the medicines prescribed by the traditional healers, especially the herbal practitioners, have nothing to do with mystical powers. On the other hand, Siegel (1986) explains that the state of the mind changes the state of the body by working through the central nervous system. Peace of mind sends the body a "live" message, while depression, fear and unresolved conflict give it a "die" message. Based on this account, Siegel settled that all healing is scientific, even if science cannot yet explain exactly how the unexpected "miracle" happens.

The following are other positive aspects of traditional medicine which emanated from the study:

4.4.1 Potency of Traditional Medicine

The study revealed that traditional medicine since time immemorial has been effective and has remained effectual up to date and will continue to be potent. The elderly people interviewed made it known that before the coming of orthodox medication, traditional medicine was their source of medication for curing diseases. Mokwenye (2017) affirms that traditional medicine of Asante has a proven history of treating and curing illnesses and many of the ancient remedies remain in use today. It can be concluded that the fact that these traditional medications have been in existence through ages is an indication to the fact that traditional medicine has something excellent to offer the society.

The researcher's informants explained that the medicines are very potent in curing diverse ailments which include malaria, typhoid fever, sexually transmitted diseases, infertility, impotency, barrenness, menstrual problems, sexual weakness, piles, cold, influenza, cough, hernia, intestinal problems, bone fracture, mental illness and other chronic diseases. One of the respondents stated:

I never trusted the curative power of traditional medicines till my brother had a mental problem. We consulted several psychiatric hospitals but my brother did not get better till he was sent to a traditional healer. The moment the traditional healer intervened, my brother got well (TMAMC 7, Personal Communication, 18th July, 2018).

One reverend minister also commended the potency of traditional medicine.

I had a boil in my throat and I went to hospital for several days but I was not responding to treatment. The situation was then getting worse day in and day out. It came to a time I could neither eat nor drink. Looking at my condition, a senior nursing officer at Tech Hospital, Kumasi, told me that such boils cannot be treated by orthodox means and have killed many and can easily kill me. So she directed me to a traditional healer at Ayigya in the Ashanti Region, Kumasi. The moment I and my wife went there, the healer looking at the severity of my condition gave me a black powdered substance to eat which was supposed to be given to me by my wife with her left hand. After eating the black powdered substance, instantly the boil burst and I vomited everything out and within some few days I became very well (TMAMC 8, Personal Communication, 18th June, 2018).

Another respondent at Atwima Takyiman (TMAMC 9, Personal Communication, 20th April, 2018) also disclosed that his daughter was knocked down by a motorbike at the Kumasi – Sunyani road and had a very serious injury. According to the respondent, the daughter was rushed to Okomfo Anokye Teaching Hospital (the Emergency Unit) and was

admitted for some weeks but the broken leg of the girl was not reacting to healing. The respondent further stated that one of the doctors told him they have to place on his daughter's leg Plaster of Paris (POP) but he (the doctor) will recommend that they send her to a traditional bone setter. He took his daughter to a traditional bone setter at Adugyama in the Ashanti Region and within some weeks, his daughter regained her health.

It could be observed that because of the effectiveness of traditional medicine, many orthodox practitioners in some cases refer their patients for traditional medication. In affirming this, the World Health Organisation (2002) reports that in the United Kingdom (UK), almost 40% of the physicians make some referrals to traditional medication. In recalling from the review of related literature, Busia and Kasilo (2010) estimated that out of a global population of approximately 6.3 billion, about 4 billion utilise traditional medicine to meet their primary health care needs. The WHO since 1978 continuously call on countries for the integration of traditional medicine and biomedicine. This is a proof that strongly indicates that traditional medicine is very potent and there should be proper amalgamation of both the orthodox and traditional medicine in order for the world to achieve its complete health care delivery system.

The World Health Organisation (WHO) further unveiled that traditional medicine is the surest means to achieve total health care coverage of the world's population. These facts are signs indicating the potency and the efficacy of traditional medicine. According to Clement, Morton-Gitten, Basdeo, Blades and Francis (2007), the major factor contributing to the increasing popularity of traditional medicine in developed countries and their sustained use in developing countries is the perception that traditional medicines are efficacious, and in some cases more effective than allopathic medicines. To be specific, people seeking herbal medicine care should note that, the drugs could be ineffective for one reason or the other such as physiological and metabolic differences which may have nothing to do with the potency of the drug even though such situation is very minimal.

4.4.2 Traditional Medications are Affordable

The study unveiled that indigenous medicine has been used for generations and is more affordable and easily obtainable than orthodox medicine. Some of the traditional healers in most cases do not charge their clients anything, it is when the patient has recovered, then he or she expresses his or her appreciation to the healer. Some also charge as low as ₦2.00 as in the case of Abban Herbal Centre. More so, some even exchange their medical services with few eggs, fowls, old currency, coins and other items. Others also instruct their clients to give arms to the needy as a way of paying the services rendered to them. The traditional healers made it known that the potency of their medicine can be reduced if they over charge. Some informants revealed how the potency of a traditional bone setter has been reduced because the practitioner is using the profession for money. It can be inferred that the practitioners' idea for not charging can be linked to Jesus' statement recorded in Matthew 10:8 which states "Heal the sick, raise the dead, cleanse those who have leprosy, drive out demons. Freely you have received; freely give".

4.4.3 Effective in Identifying Ailment

The study brought to light that traditional medicine practitioners are able to identify both spiritual and physical diseases. According to Yawar (2001), human beings can be regarded as having two realms of existence, which may conveniently be labelled inner and outer; that is the personalistic and the naturalistic. The traditional healers are able to address both the personalistic and the naturalistic aspects of the patient while orthodox practitioners address or concentrate only on the naturalistic aspect. May and Mead (1999) state that recognising a patient's spiritual concerns may be viewed as an essential part of patient-centered medicine, increasingly seen as crucial to high-quality patient care. For this reason, the traditional healers delve much into the entire system of the patient holistically to scrutinize him or her.

The traditional healers are able to reveal hidden things which the spectacles of orthodox practitioners cannot see. According to the researcher's informants, there are a lot of instances where medical doctors after diagnosing some patients tell them nothing is wrong with them while they are seriously suffering in their bodies. Wahaab Dere, Nana Akwasi Asare (Personal Communication, 18th March, 2018) and other key respondents revealed that malicious spirits causing ailments mostly follow the patients they are perturbing and the moment the patient gets to the hospital, the spirits withdraw the illness from the patient's system. They further stated that, there have been several instances where

malicious spirits tell them not to help the patient to recover. According to the traditional healers, they have the power to see these spirits and it takes medical doctors who have the third eye (spiritual eye) to see and refer the patient to a traditional healer. One of the respondents stated:

“A medical doctor after diagnosing me, said the sickness was spiritual so I should go and see a powerful traditional medicine man for me to regain my health” (TMAFC 7, Personal Communication, 21st June, 2018).

The orthodox medical practitioners interviewed also stated emphatically that they cannot identify and cure spiritual diseases since it is not part of their profession. For instance, when someone is cursed and also when spiteful spirits are causing diseases. A perusal made by Yawar (2001) in the Standard General Medical Textbook similarly affirms that spirituality is not considered in medical teaching. D'Souza (2007) also added that in academia, little attention have been paid to spirituality. In view of this, most medical doctors do not regard spiritual issues as very important in their practice. Yawar (2001) further established that scientific practitioners cannot claim special knowledge or insight into the spiritual condition of patients as in the case of traditional healers. Educating medical personnel on how to deal with the spiritual or personalistic aspects of medical care is not a typical part of medical school or college curricula, yet evidence is emerging that it is something patients want and expect medical personnel to do as part of the care they provide (D'Souza, 2002, Mathai & North, 2003 and Beer, 2000). It is for these reasons why the World Health Organisation encourages African member states to uphold and incorporate traditional medical practices into their health care system.

4.4.4 Exhibiting the Culture of the Society

The study revealed that traditional medication provides an avenue through which cultural heritage of the society is exhibited, preserved, sustained, respected and projected. The study exposed that traditional medical system is tied with the way of life of the people in the society. Similarly, Craffert (1997) affirmed that illness and health care systems in any society, whether traditional or western, are in one way or the other determined by or closely connected to the culture or world-views of those societies. There is often an aura of

mysticism created around the practice of traditional medicine, which directly relates to the religious beliefs and practices that permeate almost every aspect of the culture of a society.

Traditional medicine reflects the socio-religious structure of indigenous societies from which it developed, together with the values, behaviours and practices within the communities. The culture is exhibited in all facets of their medical practices, that is, the food, costumes, songs they sing during medication, their religious practices, the type of temples they put up to house the gods, their social interaction with people as well as the environment, belief system, traditional skills, technology, problem solving strategies, norms and artefacts. The study unveiled that traditional medications are aligned with the historical circumstances, local beliefs, arts and values, to the extent that modern systems are insufficient or unacceptable under certain conditions. Sirois (2008) also added that individuals find traditional medicine attractive because it accords with the people's personal values, religious backgrounds and health philosophies.

In the various shrines the researcher visited, foods which were served functioned as an expression of cultural identity. For instance, traditional foods like mashed yam and eggs which were served to the gods is an indication that the deity is from the Southern part of Ghana. Immigrant deities also come with their tribal food and ensure that the priests and the priestesses provide for them. It was observed that the deities from the Northern part of Ghana are provided with foods such as kola, dog meat and *Konkonte* with okro soup. Okomfo Fati Haruna (Personal Communication, 5th September, 2018) stated that one of her deities came to marry her because of the *Konkonte* with okro soup she used to serve some of her deities. This is a symbol of pride for ethnicity and a way of preserving their culture. Food items themselves have meanings attached to them. For instance, presenting kola nut to the deity is a sign of reception, important meeting and customary rite. Kola nut reaffirms the concept of unity in diversity (Arinze 1972).

In traditional medicine, the culture of the society is displayed through the songs they usually sing. Recalling from the review of related literature, Friedson (1996) stated that many African people experience sickness and healing through rituals of consciousness transformation whose experiential core is music. All kinds of local shrine music are performed in healing and this portrays the culture of the society to other visitors who come for healing or treatment.

Language which is also an important part of culture is also exhibited in the administration processes. It was observed that, the practitioners administer the medicine with their traditional languages. In addition, the deities who possess the priests and the priestesses also come with their traditional language as stated previously. For instance, it was revealed that some of these deities speak Moshie language when they mount on their mediums. Moreover, the deities also come with their traditional costume when they appear. This helps them to be identified easily and by so doing they exhibit their culture to the audience and people who consult them.

The researcher's informants pointed out that orthodox medication is threatening their culture to the extent of relegating their cultural ways of medication to the background, causing a lot of innates to look down upon their own cultural ways of medication. In relation to this, Hassim et al. (n.d) affirmed that a century of colonialism and cultural imperialism in Africa have held back the development of African traditional health care in general and medicines in particular. During several centuries of conquest and invasion, European systems of medicine were introduced by colonisers. Pre-existing African systems were stigmatised and marginalised. Indigenous knowledge systems were denied the chance to systematise and develop. From the above narration, it can be stated that if we solely switch to the orthodox medication without practising and trumpeting our traditional ways of medication, our culture which is embedded in our medical practices will be extinct. All the respondents interviewed admitted that traditional medicine administration exhibits our culture.

4.4.5 Socio-Economic Development

Traditional medicines provide socio-economic development of the individual, community and the country at large. The traditional healers including herbalists, bone setters and diviners are able to generate money from their profession. Some of their medicines are exported to foreign countries in order to generate income for the practitioners as well as the country. Shaw (2008) mentioned that traditional medicines are now being packaged for export and used by people of all nations. The WHO also recognises the economic importance of traditional medicine. It states that traditional medicines are the most popular

and highly lucrative in the international medicine market. It also creates jobs for all calibers of people either literate or illiterate and brings people together. Low patronage in traditional medicine will lead Ghana to experience a sharp decline in socio-economic conditions.

The taxes collected from the traditional healers and vendors of traditional medicines are likely to contribute to the development of social amenities which will go a long way in the creation of jobs for the members of the community.

4.4.6 Ailments with no Pharmaceutical cure

The study revealed that most diseases cannot be cured by orthodox medication but traditional medicine can remedy. The researcher's informants mentioned that diseases like piles, dislocation of joints, fractures and others are remedied by traditional medication. In the same vein, Lawal and Banjo (2007) affirm that issues like suffering from thunderbolt, child delivery, bedwetting, yellow fever and a host of other ailments are best treated with traditional therapy. A respondent told the researcher that:

Piles were disturbing me so I went to hospital for treatment but when I went, the doctors did cutting off of the haemorrhoids from my anus and within sometime, they came back. With a piece of advice from a friend, I went to a traditional healer and I was given herbs and that was the end of my problem (TMAMC 9, Personal Communication, 21st June, 2018)

Lawal and Borokini (2014) also had similar findings in their study of traditional medicine practices among the Yoruba people of Nigeria. They unveiled that anyone with piles undergoes hemorrhoidectomy from the anus but traditional medicine has treatments for it using herbal formulations. Mander et al. (2007) in their study also found out that traditional medicine is thought to be desirable and necessary for treating a range of health problems that modern or western medicine cannot treat adequately.

4.4.7 Asante Traditional Medicine and Environmental Sustainability

Traditional medicine administration plays a very important role in sustaining the environment and other natural resources. The practitioners as well as their devotees strongly believe that human being are caretakers of the environment. According to them, as human beings have the body as the dwelling place of the soul, so the natural resources which include the flora, fauna, water bodies, rocks and mountains also serve as the

dwelling places of other souls and spirits. In related argument, Kwapong (2018) mentioned that the indigenous Akans believe that certain plants and animals have spirits (*sasa*).

Opoku (1978) explained that this 'evil revengeful ghost' (*sasa*) is a non-human spirit and punishes people who abuse it. For this reason, one is not supposed to approach it haphazardly else, serious ailments await such an individual. The adherents of traditional medicine since time immemorial through word of mouth have passed this knowledgeable ideal from generation to generation. According to the researcher's informants, for fear of attracting dangerous diseases to the point of even death, they try to educate people not to destroy or degrade the natural resources otherwise, the spirit beings dwelling in them will be angered. Diawuo and Issifu (2015) contend that due to the spirituality associated with the things in nature, the people who strictly switch to the indigenous African medication do well not to abuse or wantonly abuse the resources.

More so, water bodies are preserved and sustained through traditional medicine administration. According to the respondents, these water bodies are abodes of their deities and other spirits which assist them in diagnosing and healing various ailments and when they are not well cared for, the displeasure and the punishment of the deities and other spirits will come upon them. As a result of this, they desist from throwing refuse, urinating or defecating into water bodies.

One respondent stated;

My brother, even if you are nearby a water body and you want to urinate, you have to move far from the water and before urinating, you say; Nana, please close your eye and nose, something bad is about to come out and afterwards, you say Nana open your eye, the bad thing is gone (TMAMC 10, Personal Communication, November, 2018).

From the above declaration, it could be observed that because of fear of attracting serious ailment and loosing the medical deities, indigenous people try as much as possible not to offend any natural resource. In similar dimension, Adom, Kquofi and Asante (2016) also contended that defecating, urinating, spitting and the pouring of effluent into river bodies is loathed by the divinities. In the words of Rim-Rukeh, Irerhievwie and Agbozu (2013), there was great caution amongst the people not to do anything uncalled for or exhibit a

bad trait that would adversely affect the peaceful relationship they and their forebears enjoyed with the forces in the natural and supernatural world.

4.4.8 It Brings about Good Morals

The traditional healers as well as the indigenous people believe that personalistic ailments and untimely death may occur when an individual offends somebody (either physically or spiritually). The traditional healers and their devotees also believe that the wages of sin is death as recorded in the Holy Bible. They champion against all sorts of immoral behaviours that go contrary to the norms of the society. Immoral or deviant behaviours such as adultery, fornication, robbery, theft, rape, murder and assault are frowned upon in the society. The respondents revealed that such acts that violate cultural norms attract serious punishment from the ancestors, deities and other spirits to the individual and in some cases the community as a whole. The expressions of their anger include instant death, victims struck with strange diseases, infertility and so forth (Shastri et al. 2002). Even though this form of punishment might seem too harsh or grave, it probably serves as deterrent for likely perpetrators.

4.4.8.1 It Exhibits Hospitality

The adherents of traditional medicine try as much as possible to cordially relate with every member of the society including the known and the unknown. They welcome all caliber of persons both abled and the physically challenged. According to the traditional healers, the deities and other spirits who assist them in healing sometimes reveal themselves in various forms such as a person with one leg or arm amputated, someone with mental disorder and others. These persons may even come and beg for something or even approach a member of the community in anyway. Anyone who refuses to receive and welcome such persons can attract serious diseases which can end his or her life. These disguised deities or spirits can also transfer their deformities to such individuals who frown on them. Moreover, the deities in disguise can also heal patients who receive them. They can even teach an individual knowledge of herbal medicines and how some diseases can be cured if they are welcomed. Likewise, Makhubu (1978) states that if one encounters such a creature in the dead of the night, it can be a useful source of original information on herbal cures.

4.4.9 Minimal Pathogenic Resistance to Traditional Medicines

The interviewees continuously established that the traditional medicines usually have no pathogenic resistance. The study brought to light that because most traditional medicines are usually made up of two or more combination of herbal and other substances, it is hardly for parasites or pathogens to develop resistance when used in treatment. It is for this reason why most of the traditional healers claim they can cure most diseases including hepatitis, diabetes, breast cancer and other diseases that resist orthodox or western medication.

The respondents stated that from time immemorial, some herbal mixtures which were passed onto them from their forefathers are still very effective. The basic one which they mentioned was the herbal mixture for curing malaria, and according to them no malaria parasite has ever resisted these herbal mixtures. WHO (1999) stated that, plasmodium spp responsible for causing malaria is now resistant to chloroquine, an orthodox treatment, for this reason other therapies had to be developed. This emerging trend is concerning and is considered by the World Health Organization (WHO) to be perhaps the most urgent issue facing scientific medicine (WHO, 2016). Lawal et al. (2014) in their study avowed that no publication has reported on pathogenic resistance to traditional formulation.

4.4.10 Minimal Side Effect

The traditional healers pointed out that the orthodox medicines have more side effects as compared to their traditional medicine. Similarly, Galabuzi, Agea, Fungo and Kamoga (2010) in their study of Traditional Medicine as an Alternative Form of Health Care System also brought to light that traditional medicine has limited side effect as compared to western pharmaceutical drugs. Respondents repeatedly expressed that the major part of their reasons for using traditional medicine is as a result of it being more natural, involving no chemicals and therefore, has minimal side effects. This is echoed by Gyasi et al. (2016) in their study “Do health beliefs explain traditional medical therapies utilisation? Evidence from Ghana.” Some of the respondents further argued that any local medicine which has some chemical additives cannot be termed as traditional medicine. They strongly believe that traditional medicines are raw plant roots, leaves, animal parts and other substances which are free from foreign chemical additives like preservatives. In affirming this, Theta

(1998) states that traditional medicine is often administered in their natural form with no added chemical preservatives or concentrates.

It was further unveiled that traditional medicines mostly do not contain ominous chemicals that may cause health hazard. The respondents constantly established that orthodox or scientific medicines are manufactured on artificial bases and as a result of this, have very strong side effects. A study conducted by Kusi-Bermpah (2011) on spatial analysis of the use of traditional medicine in urban areas of Ghana revealed that the artificial bases render modern drugs impure. These artificial substances used in the manufacturing of the modern medicine if accumulated in the human system could result in fatal ailments. Most modern medicines have on their labels and instruction leaflets lists of possible side effects attached to them which are indications that orthodox or modern medicines have more side effects.

In contrast, some participants held that traditional medicine can be dangerous although the medicine is natural. This emanates from unskilled and quack people who because of hunger and their selfish gains have become traditional healers. People should therefore be very conscious that there could be side effects on the skin, eye, liver, kidney and cause problems like diarrhoea and vomiting (Liu, 2015) if the medicine is not prepared and given by a qualified person or if it is a fake product. There is therefore the need for people to seek health care from accepted traditional healers who are recognized by the Asante Kingdom (Otumfuo Nsumankwaahene), Ghana Phsyhic and Traditional Healing Association and has been issued a license. One of the healers told the research;

I do not do things on my own oh. I consult *mpaninfoo* (the elders, that is, the deities, ancestors and other spirits) to know the right medicine to be given to the patient before I give it out. If we depend solely on what we know and personal experiences, we will be limited and may even provide medicines which may not cure the patient. (Okomfo Kofi Fofie, Personal Communication, 21th June, 2018)

From the above declaration, it is obvious that such the traditional healers make sure they give the right medication to their patients. It should also be explained that consulting the “elders” should not prevent one from seeking medical care from the traditional healer since these elders are the mediators between man and God. As recorded in the Holy Bible (1 Thessalonians 5:21) “But examine everything carefully; hold fast to that which is good.” It is therefore important for people to examine the traditional method of medication and hold fast to it since it holistically addresses the whole being.

Apart from curing various infections, traditional medicine again plays a preventive role which strengthens the body's immunity to resist infections, restore vital body nutrients, provide energy, restore appetite and prevent body wasting (Galabuzi, et al, 2010).

4.5 Erasing Negative Perceptions

Proper education on the positive aspects of traditional medication should frequently be done by professionals who are knowledgeable in traditional medicine. This should be on television and radio stations in this country. Also some days within every month should be set for such education in churches and mosques in the country. Imams and Pastors who have been trained and are very knowledgeable in the medicine should be the educators of these Christians and Muslims. The curriculum planners should also incorporate traditional medication into the educational system of this nation so that it will be taught as a subject in our schools.

Moreover, dramatization and composition of songs on the positive aspects of the medicine should also be played on television and radio stations in this country. The lyrics of the song and the import of the drama should also portray the negative perceptions that are believed to exist about the medicine. Thus indicating that, the medicine is evil, the practitioners intentionally give sicknesses to people and refute them by letting the populace know that these acts are caused by sorcerers and other evil doers and not the traditional healers.

Regular seminars, workshops, conferences and symposia on traditional medication should be organized for professionals such as medical doctors, nurses, lecturers, pastors, imams and opinion leaders. These would help them acquire knowledge in the medicine and also motivate them to patronize it.

4.6 Summary of the Chapter

The chapter has systematically presented the findings of the study and has discussed them based on the three objectives of the study. Respondents' opinions have been thematically presented. It is undeniably evident in this chapter that Interpretative Phenomenological Analysis approach has been employed in conducting the research.

Relevant fields of the study have been critically observed. Vital data in relation to the medical practices from reliable informants have been revealed. The chapter has shown that Asante Arts and Culture play an important role in the administration of traditional medicine. The art and cultural activities serve as mirror reflecting the customs and beliefs as well as the religious concept of the people. The religious, social, political, moral and economic aspects of the medicine have been comprehensively discussed. The positive aspects of the medicine have also been painstakingly analyzed and the appropriate measures to erase the negative perceptions have also been outlined. The next chapter deals with the general discussion of the study.

CHAPTER FIVE

GENERAL DISCUSSION

5.1 Overview

This chapter accounts for the general discussion of the results emanated from the study. It gives vivid understanding of the subject matter of the study. The chapter also highlights the implications of the study along with the objectives and summarises the main findings that profoundly contribute to knowledge.

The onerous concern of this study was to bring to the fore Asante art and cultural elements that feature in the administration of traditional medicine in the Ashanti Region with the ultimate aim of making the linkage known in order to help remove the mystery and superstition associated with it.

5.2 Objective One of the Study

The first objective of the study was to identify some Asante traditional medical centres in the Ashanti Region and describe their medical practices.

As noticed in the previous chapter, six tradition medical centres were identified and for validation of the findings other six centres were also consulted. Most of these centres especially the shrines are situated at the outskirts of the towns and villages in which they are located. The surrounding environments are covered with medicinal plants haphazardly planted. The temples are usually single rooms which are occupied by shrines and other healing objects. In some of the centres, each shrine has its own temple. The temples are short and small in sizes with small single windows. An average height persons have to

bow before they can enter the temples. It should be noted that the rooms occupied by human beings should be spacious enough for the purpose of good ventilation.

5.2.1 Medical Practices of the Selected Centres in Ashanti Region

The following are the thematic discussion of the medical practices derived from the study;

5.2.1.1 Discussions on Pre-diagnostic Activities

Pre-diagnosing is preliminary activities the traditional healers particularly do before diagnosing or finding the root cause of the ailment. It was observed that the art and cultural elements herald the pre-diagnostic activities. Various artistic and cultural components are spectacularly displayed in the pre-diagnosing ceremonies. Before the commencement of medication, the practitioners prepare themselves both physically and spiritually. They strongly believe that if such activities are not performed, it will be very difficult for them to achieve their objectives. The pre-diagnostic rituals according to the medicine-men and women fortify them spiritually in order for them to stop and prevent malevolent spirits during diagnoses and healing processes. The pre-diagnostic ceremonies are believed to provide appropriate spiritual atmosphere for the proper accomplishment of the medication and without them, both the healer and the patient can be killed easily by evil powers during the therapeutic sessions. These ritual activities are also said to attract the medical deities and benevolent powers to function effectively during the medical processes.

These activities begin with drumming, singing and dancing performances which are believed to invite the medical deities and other benevolent spirits. The healers in the prediagnostic rites go through a lot of ritual performances which include, libation and poetic verbalizations, ablutions in order to cleanse and purify themselves, smearing medical concoctions on their bodies and fumigation of herbs and other substances.

Shortly before the beginning of the diagnoses, the deities are invoked and the mediums (priests and priestesses) rush and wear numerous charms on their necks, waists, arms, ankles and fingers believing to protect them from malicious spirits. Moreover, other art forms such as smock, head gear, raffia fibre, a piece of white calico cloth and sash are

worn by the healers to repel evil spirits that may ruin the diagnostic process. The healers also apply either kaolin or charcoal powder on their faces and bodies and hold flying whisks which are capable of preventing and clearing stagnant energy in any space throughout the shrine. After these activities, they begin with the diagnoses.

5.2.1.2 Diagnosis in Traditional Medicine Administration

Among the traditional medicine practitioners in the Ashanti Region, the ability to diagnose illness is considered as a gift from God the Supreme Being. The study revealed that ancestors, dwarfs, gods and other spirits who are believed to be the messengers of God can also invest powers into man to diagnose diseases.

In diagnosing, a major emphasis is placed on determining the cause underlying the illness. The study brought to light two main ways of diagnosing in traditional medicine administration. In affirming this, Dime (1995) strongly argues that the diagnoses of diseases in an African traditional healing system is a two-fold event. They are the physical and the spiritual. In relation to this finding, Hewson (1998) also noted a passionate ambivalence towards the two main forms of diagnosis. According to him, illness may be caused by physical and/or spiritual factors that relate to African cosmology and thus, threatens the health of individuals.

The two-fold diagnoses (spiritual and physical) that came out of the study are discussed below:

5.2.1.2.1 Spiritual Diagnoses in Traditional Medication

Spiritual diagnoses is the consultation of the 'spirit world' to find the root cause of a disease and also to discern whether there is an infringement of an established order from the part of the sick person. According to Agbor and Naidoo (2011), the spiritual healers usually consult spirits for diagnosing diseases, their causes and treatments especially when an illness fails to respond to treatment, whether traditional remedies or western medication. From the foregoing, the traditional healers strongly base their diagnosing and healing methods on the personality disease theory which addresses the personalistic and the naturalistic theories. They believe that man does not wrestle against flesh and blood but against unseen spirits and for this reason, man needs diviners to reveal to them the unseen problems.

According to the researcher's informant, for one to become a spiritualist may not be a personal choice but in most cases, it is a calling by the gods, ancestors and other spirits.

They further established that when you take the time to honour and connect with yourself to bring out the real you, you will feel uplifted, lighter and different in that you have shifted to your original vibration and can have the power to see beyond the ordinary. By so doing, one can receive the power from the spirits to become a spiritualist.

The informants repeatedly reported that they strongly believe that certain diseases have spiritual connections and these diseases are the main reason for seeking spiritual medical care. Diseases that have spiritual underpinnings can only be diagnosed and treated or reversed by spiritual means. This is related to Newton's third law of motion which states that action and reaction are equal and opposite. That is personalistic diseases must be treated by spiritual means whilst naturalistic diseases must be treated by natural means. It can be observed that this law is conveniently practical in diagnosing and treating health problems.

The study brought to light that in spiritual diagnoses, maturity on the part of the practitioner is very significant in order to prevent misuse of some mystical powers. The respondents stated that as diviners, they are able to hear, understand, interpret and respond to voices and images of the supernatural beings. In a related argument, Agbor et al (2011) and Truter (2007) contended that diviners are believed to have extra-sensory perception and can see beyond the ordinary.

In spiritual diagnosing, ancestors, dwarfs, gods and other spirits who are strongly believed to be the intermediaries between man and the Supreme God are consulted about the cause of a patient's illness or problem. If favoured responses are granted to the practitioner, the cause of the disease is revealed and the possible remedies are shown by the spirits. The purpose of the consultation is to seek the express permission from the ancestors, dwarfs, gods and other spirits to treat the case.

In spiritual diagnosing, the source of the ailments are established through the use of talismans and amulets, throwing of cowry shells, money divination, leaf divination, eggs divination, carrying the shrine of the deity, talking to the shrine, spirit possession, stirring a pot of water, mirror gazing, gazing at the patient and other activities that have been

initiated by the deities. A healer may employ more than one of the diagnostic techniques depending on the number of deities he or she possesses. All the diagnostic techniques greatly involve the use of arts and cultural elements. The most common of the diagnostic techniques is the spirit possession. These activities are artistically expressed by the deities in order for them to move into the patient's hometown to consult the guardian divinity and other spirits at the patient's home or family to find the cause of the patient's ailment.

5.2.1.2.2 Physical Diagnosis

The process by which physical diagnosis is reached differs from one healer to the other. This kind of diagnosis is made depending on the type of sickness presented. Diagnostic processes are very flexible and do not follow any rigid sequence. According to the practitioners interviewed, they diagnose clients wholly with their indigenous knowledge acquired from their precursors and their own experience without consulting any spirit. Likewise, Addy (2010) in the review of related literature asserted that, some traditional healers are very well versed in the knowledge of medicines and their practices are completely devoid of magico-spiritual rituals.

The study unveiled that in physical diagnoses, the practitioners first find out what is really wrong with the patient. In finding out the cause of the problem, it was noticed that most of the traditional healers used therapeutic messages to help the patients open up to discuss their problems. Scientifically, therapeutic messages have the power to release tension, clarify mind, and bring about sense of calmness and relaxation. It was detected that the patience of the practitioners make the clients feel so comfortable to outpour all their problems.

The next step the practitioners take in diagnosing is taking the history of the patient. The practitioners confirmed that they go through the lens of recalling the reincarnation of the patient by deeply digging into the patient's past and his/her entire family. It was revealed that the format of history taking was free flow and they go by a very stepwise procedure which enables them to get all needed information from their clients. So by the end of the consultation, areas including the history behind the sickness, related symptoms, how long the person has been in that situation, past illness, where they have been for treatment, occupational and family history are revealed to the practitioners. Other questions like the

part of the body that the patient feels pain, if the patient is able to eat and a whole lot is asked in order for the practitioners to know what actually is wrong with the patient.

This is followed by physical examination of the eyes, skin, urine and others depending on the type of sickness the client is experiencing. The study revealed that when a person falls ill, a traditional practitioner uses physical means to make a diagnosis. But if the illness is not easily identified, the practitioner advises the patient to consult a spiritualist who can further give a diagnosis. This attests to the fact that not all cases can be treated physically. The study unveiled that both methods of diagnosing (spiritual and physical) diseases and other problems are mostly used integrally and interchangeably by some traditional healers depending on the problem at hand.

5.2.1.3 Healing in the Administration of the Medicine

In traditional medicine administration, the process of healing is holistic. Practitioners take absolute control of the whole human system which includes physical, psychological, spiritual and social phenomena. It was unveiled that in the course of their treatment, most of the practitioners do not separate the spiritual from the physical while others separate the two. As stated by Kiteme (1976), some of the healers may employ the use of charms, incantations, and casting of spells in their treatments. In this regard, treatment in the traditional medication is grouped into two major components. These are spiritual and physical. Based on the diagnostic report, the practitioners choose the best and appropriate method to administer the medicine. The healing process directly continues the diagnostic activities. In some cases, both the diagnosing and healing take place in the same artistic atmosphere. Even though some of the patients are admitted at the shrine for days, months and even years in search of treatment, others are treated and discharged on the same day.

5.2.1.3.1 Spiritual Healing

In spiritual healing, supernatural powers are used to deliver people from all sorts of diseases. The therapeutic process is either simple or complex depending on the cause of the ailment and the extent it has gotten to. All kinds of artefacts as pointed out earlier serve as mediums for healing patients. In curing patients, therapeutic methods which include

libation performances, appeasing the spirits, sacrifices, incantations, spirit possession and observing taboos are employed. According to the healers, in some cases, to achieve successful healing, the medical deities themselves may fight in the spiritual realm to redeem the patient. It was revealed that the medical deities apprehend and even kill the disease causing agent in order to relieve the patient. Patients are also treated by wearing initiated charms. The charms are worn around the neck, waist, finger and other parts of the body as directed by the deity.

Sacrifices are paramount in curing ailments. Various animals, cowries, eggs, cola, coins and other objects are sacrificed to cleanse the patient from contagions and also to expel evil spirits from the patient. Animal sacrifices are believed to atone for the patients' sins committed. The animals are used to replace or exchange the life of the patient especially when the cause of the ailment emanates from the witches. Curative sacrifices may be offered at the temple before the shrine or at a specific place as directed by the deity. Such places according to the respondents include river side, four junction, cemetery, under a tree and on a rock.

Another interesting therapeutic act pointed out by the healers is fasting. The healers revealed that, some diseases are best cured through effective fasting. Osei-Agyeman (1990) established that through fasting, healers and their patients win the affection, sympathy and mercy of the medical spirits. In corroborating, Jesus Christ in Matthew 17:21 in the Holy Bible stated that some disease causing agents are best delivered by fasting and praying.

5.2.1.3.2 Physical Healing

The traditional medicine practitioners sometimes use physical medications to treat their clients which have nothing to do with mystical powers. Sarpong (2002) asserts that all traditional priests are medicine men but not all medicine men are priests. Middleton (1954) also contended that some traditional treatments are regarded as aspects of a total therapeutic practice which do not include magico-religious ingredients. Some of these secular medications include herbal applications using roots, tree barks, leaves and seeds of trees. These plant parts are made into various forms: fresh, dried, cut-in-pieces, powder, ointment, liquid etc. to treat all kinds of ailments (Mensah and Gyasi, 2012). Scientifically, the herbs or the medicinal plants in use have proved to be efficacious for the treatment of the various endemic ailments (Addae-Mensah, 1992). In some cases, parts of animals and

other minerals are also used but herbs are mostly used. The medicine is then rubbed, sniffed, swallowed, used as enema and bath depending on the directives given by the healer.

Some medicine men made it known that they acquired this knowledge through apprenticeship, and others too were taught by their relatives. Some herbalists including Ama Serwaa of Ankaase (personal communication 16th August, 2018) and others claim their knowledge of herbs was handed to them by their parents, grandparents and great-grandparents. A number of them claimed that the gift was revealed to them through dreams and visions by their ancestors.

5.2.1.4 General Methods of Applying the Medicine in the Study Areas

Application of medicine in traditional medication takes a variety of forms. It is mostly used externally and internally depending on the instruction given by the healer. It was observed that the traditional method of applying the medicine is similar to that of the orthodox method. The various forms of administering traditional medicine are as follows;

5.2.1.4.1 Bathing

Medicinal bath is an important traditional way of preventing and curing diseases and other spiritual attacks. Bathing the medicine prevents the diseases from spreading to other parts of the body. Scientifically, by virtue of the temperature stimulus of the water, the herbal liquid can promote blood circulation, improve the metabolism system and also enhance the immune capabilities of the body (Liu 1994; Wang and Zhong, 2004). The hot bath not only makes the skin capillaries to relax but also increases the activity of the sweat glands (Benedict, 2014).

Moreover, in the course of bathing, most of the effective components of the medicine can easily act on the infected or diseased region. According to the medicine men and women, medicinal bath also helps to make pregnant women as well as babies healthy and stronger. Sofowora (2008) in his study also found out that *Blighia sapida* is mostly grinded and mixed with locally made black soap and used for bathing throughout the period of pregnancy to ensure easy labour. Usually, Dr. Abban also bath babies (See Plate 19) and

gives pregnant women some herbs to bath. This prevents the babies in the womb from attracting diseases. For instance, the reported cause of '*asram*' include the breasts or stomach of a pregnant woman being seen by a person with an evil spirit. The herbs that the babies as well as the pregnant women bath contain all the necessary ingredients which protect them physically and spiritually.



Plate 137: A practitioner bathing a baby with herbal concoction at Dr.Abban's centre

Source: Photographed by the researcher

5.2.1.4.2 Incision

Incision which involves making cuts into the skin, rubbing in medicine and then allowing the wound to heal leaving a permanent mark are mostly done on the joint, face, chest, back and other parts of the body for different therapeutic purposes. The joints are mostly incised because there are pores at those places that allow easy penetration of the medicine into the body.

It was revealed that incisions are done with a sharp razor blade or any sharp object specifically designed for this activity. The cuts are made deep enough to cause the client to bleed. Ayeni (2004) made a similar claim in his observations on the medical and social aspects of scarification in Sub-Saharan Africa. After incising, a powdered drug made from burnt herbs giving an almost charcoal-like product is rubbed into the incision. According to Lawal (2012), this is done to allow for direct absorption of the active constituent of the drug through the capillaries or pores.

The healers made it known that in most cases, the medicinal marks are made on the part of the body where the ailment is located. For instance, when a client gets a swollen leg or

when any parts of the body swells, incisions are made on it for fast relief. In addition, when someone paralyzes, incisions are made at the knees and the ankles in order for the patient to walk again. The study also revealed that most of the times, when someone steps on a medicine (juju), incisions are made on the legs or the affected part.

The study also brought to light that incisions are made and medicines are applied purposely for protection against death, diseases and spiritual attacks. Similarly, Ayeni (2004) in his study found out that incisions are made on children to prevent them from dying.

5.2.1.4.3 Enemas

Enema is the act of injecting a liquefied medicine into the rectum to expel its undesirable content. Enema is mostly done with a tool commonly known as '*bentua*', a syringe or a tube specifically designed for administering rectal enema. The activity cleans or purges the intestines of both young children and adults to promote their health by getting rid of dirt and constipation. Enema is also done to stimulate children to walk if the time for walking is unduly prolonged.

The study revealed that sometimes because some of the leaves are very bitter for one to taste or drink, enema is applied to administer the medicine. Pregnant women also perform enema to protect themselves as well as the babies in the womb. Some people also administer enema to evacuate congested bowels which may cause a lot of diseases such as headache.

The study brought to light that enema cures many diseases such as infertility, waist pains, piles, abdominal pains, menstrual pains and malaria depending on the medicine used. It is useful for gastric irritant and in patients with nausea and vomiting problems. It is effective, easy to perform, and suitable for all ages.

5.2.1.4.4 Massaging

Massaging has a great benefit in the administration of traditional medicine since it can enhance and speed up the action of herbal remedies. Massaging involves physical manipulation of the muscles, joints and veins on the nude skin in a technical manner. The

hands which are mostly used for massaging can detect a wealth of diagnostic information. The study revealed that medicine massage relieves pains, stress, improve blood circulation, improve digestion and also helps treat injuries. Massaging helps to move blood and oxygen through the body. Correspondingly, Benedict (2014) highlighted that massage treatments are applied to relax the muscles and veins as well as to allow circulation of blood.

5.2.1.4.5 Rubbing

Another means of applying medicine is by rubbing it on the affected part. This means of application is done on the surface of the body to treat ailment by the use of creams, ointments, gels and lotions. In most cases, rubbing is very helpful for the joints like the knees, ankles, the elbow and the hands. Similarly, Sofowora (1982) observed that in traditional medicine, burns are treated by rubbing herbal preparations on the affected area, which produce a soothing effect. Akpomuvie, Orhioghene and Benedict (2014) further added that in cases of superficial burns, ointments prepared from herbs are applied by the practitioners to produce a gradual removal of dead tissue.

5.2.1.4.6 Fumigating with medicine

In some cases, traditional medicine is administered through fumigation. This method of application is very simple and easy for one to administer. The medicine is burnt in the room for the sick person to inhale it. A typical example was what the researcher witnessed when Dr. Abban instructed a woman whose baby was sick to burn some herbs in her room in the night while the baby was asleep. The study revealed that the medicines that are fumigated also ward off evil spirits as stated by Malam Maye (personal communication, March, 2018). According to him, incense is burnt to drive away evil spirits from one's vicinity.

5.2.1.4.7 Sniffing

The study revealed that this method is mostly applied when an individual suffers headache or cold. Medicine sniffing helps to improve the breathing ability and lungs capacity. The respondents stated emphatically that traditional medicines have been able to solve a lot of problems through sniffing. At Dr. Abban's centre, it was observed that the client begins to sneeze continuously the moment he or she sniffs the medicine and this signifies the potency of the medicine. Herbal medicines are mostly administered to babies through sniffing.

5.2.1.4.8 Swallowing

This is the process of taking drug through the mouth. This method is safe, convenient and painless and there is no need for assistance. Sometimes, the medicinal plants and roots are given to clients to chew and swallow both the liquid and the fibre. The healers also made it known that instructions are mostly given to clients to put the medicine in porridge and sometimes to be used as soup.

5.2.1.4.9 Punu (Steam bath)

This is the process of covering one's whole body with a blanket or a heavy cloth and allowing steam from a herbal mixture to scabbard the patient's whole body. The cloth or blanket is used to envelope or contain the steam from spreading away. While the patient goes through this, he/she starts to sweat and the patient in no time gets healed. According to my informants, this method is mostly applied in treating malaria and fever.

5.2.1.5 Protective Rites in Traditional Medicine Administration

Protecting people from all kinds of diseases and mishaps is one of the priorities of traditional medicine practitioners. The study unveiled that the traditional healers provide antidotes against food poisoning, spiritual attack and all kinds of spiritual diseases and misfortunes. When the traditional healer recognises that an evil spirit is about to cause a disease or attack a person, such individual is sometimes protected by the use of a talisman, charm and amulets to drive away the evil spirits from attacking such person. These items provided by the traditional healers aim at offsetting evil forces, nullifying every hazard and dangerous powers. More so, their function is to eliminate the evils or dangers that may have already taken root in a family or community (Westerlund 2006). The practitioners also advise the adherents to abstain from sinful activities in order to stay healthy and live long life.

5.3 Objective Two of the Study

The findings for the second objective also aimed at discussing Asante arts and cultural elements that feature in administering traditional medicine in the Ashanti Region. The findings were discussed under four major components which are: Visual Art, Performing Art, Verbal Art and the Cultural Aspects or Elements.

5.3.1 Discussions on Visual Arts that Feature in the Traditional Medicine Administration System

The Visual Arts which feature in the medicine fall under two main categories: the graphic art and the plastic art. The plastic art are artistic activities which have three dimensions while the graphic arts have two dimensions.

5.3.1.1 Plastic Arts

Plastic arts are arts in which forms are rendered in three dimensions. These art forms are indispensable in the traditional medicine administration system and to remove them from the medical practice is possibly to destroy the supernatural character of the remedy. Osei-Agyeman (1990) affirms that an attempt to eliminate these art forms might be an endeavour to reduce the indigenous medication to the ordinary herbal therapy. They have proven to be the possible means of inviting the supernatural to heal the patients and also to provide solution to various cases of the people.

5.3.1.2 Temple (Bosomdan, Sumandan, Asoneyeso)

The temple is a building devoted to healing and worship of deities. *Bosomdan* is a sanctuary built for an indigenous deity (*Tete Abosom*) like *Tano*. Osei-Agyeman (1990) explains that *sumandan* is a temple for a deity whose shrine was imported while *asoneyeso* is when a temple of an indigenous deity is built near his or her habitat.

The temple houses and protects all the healing objects such as costumes and shrines of the gods and the goddesses. The temples as observed from the field, serve as consulting room where patients dialogue with the practitioner in order to seek advice and direction. Diagnosing and healing of the ailments and other ritual activities take place in the temple for successful attainment. For instance, the ritual of invoking the deity into his or her medium mostly takes place in the temple. It can be stated that the temples protect the secrecy of the healing. It is in the temple that the predicaments of the patients are presented to the divinities and solutions are given. Moreover, other ritual activities which are private

are performed in the temple. The appearance of the temples may lessen emotional and psychosomatic ailments. The temple also serves as a silent publicist.

5.3.1.3 Sculpted images (shrines) of the Deities

The sculpted images of the deities in the study area are highly honoured and regarded as sacred because it is believed to be the abodes for the deities. In a related matter, OseiAgyeman (1990) affirms that the sculpted images of the deities are believed to be the repository of a portion of the medical deity's life force, the concrete and visible representative of the deity, a focal object radiating confidence and faith which are requisite for successful healing. In spite of this, they are regarded as the most essential medical objects and the fulcrum around which the medicine revolves.

According to the respondents, in most cases the shrines are made based on the discretion of the deities. They added that the deities sometimes direct them (the priests and the priestess) on the kind of images to create as their abodes and the ritual accompanying them in order for them to be able to dwell in such images. These images of the deities are of different forms and shapes and can be bought, created by an artist or the traditional healers themselves. They are made in the form of human and animal figures as well as modelled shapes (such as oval, cylindrical and other interesting shapes). The images come in the form of statuettes and miniatures and are made of materials (media) such as wood, cement and clay. They function as intermediary recipients of the sacrificial gift offered to the deities for successful diagnosing and healing, since therapeutic sacrifices are usually offered upon them. In view of this Nana Akwasi Asare regards it as an altar of remedial oblation.

These symbolic and representational images are believed to possess supernatural powers which can be used to the advantage of some people but detrimental to others. Food items and valuable gifts are offered to these material objects. They address the images as the deities themselves, perform libation and other therapeutic rituals before them and also present various cases they receive to the images. As pointed out earlier, some writers like Osei (2006) agrees that the worshippers do not worship the said material objects per se,

but the spirit of the Creator reflected in them. In view of this, the deities are essentially spirits and the symbolic features are ordinary abode or receptacle through which they operate.

5.3.1.4 Pottery Wares

Locally made pots are also crucial in the administration of traditional medicine in the Ashanti Region. As earlier established, the locally made pots are used for storing medicine, boiling medicines and most importantly as an abode for the medical deities. It came to light that medicines work effectively when they are boiled in locally made earthenware pots. The respondents explained that metal pots are not appropriate for boiling medicinal substances since they render some of the medicines impotent. It is therefore important to note that the pot serves curative purposes in the medical administration in the Ashanti Region.

The pots also serve as cases and containers of mystical medicines as well as powers. The deities believed, to reside in the pots, are consulted to find out the cause and solution to various ailments. Various rituals of healings are offered to the deities through the pots. It has also been noticed that Okomfo Fati Haruna of Bokankye Akua Gyabon shrine stirs a pot filled with water and other substances to diagnose, make prescription and heal people. The pots satisfy magico-religious requirements of the cults which enable spirits to meet the needs of mankind and the purpose for which it is supposed to serve.

Moreover, the study revealed that mystical waters are stored in the pots for the purpose of cleansing. For instance, as earlier noticed, at Kune Gyendu Bongari shrine, a person has to cleanse him/herself in order to enable such people to enter the temple as was experienced by the researcher. Also in Asuo Abresua shrine, special concoctions are stored in a pot which when used for bathing, after performing some rituals, prevent one from gunshot attack. In *Bokankye Akua Gyabon* shrine, cutlasses for protecting clients from adversaries and misfortunes are stored in a pot.

Grinding pots (*asanka/apotɔyua*) also contribute significantly in the administration process. In some of the shrines visited, *asanka* are used as lid for the pots containing the magical ingredients. I am mindful of the fact that in Apumasu Kwao shrine, *asanka* is used as a lid for the shrines of *Atia* and *Asuo* (names of gods). It was further explained that

some medicinal substances are also ground in the *asanka* during the administration process for easy application on the body.

5.3.1.5 Wooden Products

Wooden items such as stools and *asipim* chair demonstrate status and a good taste of relaxation and comfortability in the process of diagnosing and healing. The deities from the southern part of Ghana sit on stools and *asipim* chair when they are possessed by their medium (priests and priestesses) for the purpose of diagnosing and healing. As stated earlier, the stool also functions as a resting or relaxing place for some of the deities. Usually, virgin stools (stools that have not been used before) are used for this exercise. The stool and the *asipim* chair have intrinsic power to draw the spirits to the healer during the diagnosing and healing processes.

The wooden drums also perform communicative role in the administration process. The study revealed that, the drummers beat the drum to announce to the members of the community that the priest or the priestess will soon perform the healing ritual. It is also played to communicate with the medical deities and also help to invoke them. Wilson (2006) explained that if the drumming is not good, the gods will come all right, but they will not do more wonderful things. The sound of many drums pounding together is also a necessary means of stirring up emotions of clients.

Akuaba (mini doll) also plays fertility role in the medical administration. It assists women to be fertile. The dolls sometimes serve as the images of the medical deities and they are used for ritual purposes with regards to healing. They are also used for protecting and preventing clients from diseases and other offensive and defensive use of medicine. Psychologically, the dolls are believed to project the minds of the patients to the realm of the supramundane to accelerate their cure.

5.3.1.6 Metal Wares

Metal wares that function in the administration of traditional medicine include brass pans, whistles, bells (nnaa), spears, knives, cutlasses, padlocks, buckets, anklets and armlets, finger and toe rings, guns and other protective devices as earlier indicated.

The guns, cutlasses, spears and other proactive tools are used by the healers for attacking adversaries and defending clients against the spiritual attacks from malevolent spirits. The tools are used for striking and arresting witches who impede the curative powers of the shrine. The mediums of the witch-hunting deities dance with the spears when displaying their medical acts in public and they function as protecting and preventing them (practitioners) from other spiritual attacks.

Blades and knives are used for scarifying clients during medication. The knives are also used for slaughtering animals for ritual sacrifices in order to heal and redeem clients from all sorts of attacks. The blood of the animal slain, with the help of the knife or cutlass also rejuvenates the shrine with spiritual powers and placate the disease causing agents. The respondents as already pointed out attested that the knives and the cutlasses are sometimes used for harvesting medicinal plants.

As noted earlier, the anklet, armlet, the toe and finger rings are worn by the medical practitioners during diagnosing and healing processes to protect them and also to repel all evil spirits that may render the medicament impotent. Sometimes, the rings are given to clients to prevent them from diseases and misfortunes.

Moreover, the bell (nnaa) and the whistles also play communicative role in the administration of the medicine in the Ashanti Region. These artefacts also attract and drag the medical deities and other benevolent spirits to the shrine the moment they hear the sound.

Continuing their narration, the healers revealed that most of these metal wares are made of iron and copper and are highly revered by the healers and their devotees. This may partly stem from the fact that iron is believed to possess mystical powers and may be used as a charm against evil powers (Osei-Agyeman, 1990). In affirming this, Frazer (1933) states that iron may obviously be employed as a charm for binding ghost and other dangerous spirits. The respondents further claimed that copper has mystical powers capable of resisting evil forces and neutralizing sorcery that is directed through lightning. This view according to Osei-Agyeman (1990), presupposes that the traditional healers from time immemorial have been conscious of the scientific facts that copper is not a good conductor of lightning.

5.3.1.2 Graphic Arts

The other form of visual arts (the graphic arts) displayed in the administration system include posters, billboards and signboards. As earlier mentioned, even though some centres like KuneGyendu/Bongari Shrine do not use advertising media, others use sign boards, posters and billboards in publicising and promoting their centres and the various activities they perform. These sign boards and bill boards are mounted at vantage points to give information and directions to patients and other people who intend to go there.

More so, some of these centres display pictures of mystical powers of their medication on the billboards for passers-by to have the feel of what they are capable of doing. This directly or indirectly advertises the centre and the priest or priestess in charge. Furthermore, pictures of different kinds are mounted on the walls of their consulting rooms. Some of these picture observed include photograph of the healers when they are in trance, calenders of the centre, pictures of their ritual performances and other scary photographs. These graphic arts also help people to build strong trust in the practitioners.

5.3.2 Performing Arts that feature in the Medicine

5.3.2.1 Music

The researcher's accounts in the previous chapter revealed that music is one of the dominant elements in the administration of the traditional medicine. The orchestras sing ritual songs to God the Supreme Being, the deities and their ancestors during medication in order to transmit power into the healer. The songs sung are connected with medication and they (songs) adore, worship, and praise the deities. Such praises and motivational songs are believed to encourage and energise the deities to exhibit their medical powers.

According to the traditional healers interviewed, the deities are believed to be human-like, and since music is used as a beckoning call for humans, it is no surprise that music is also used to call the deities to heal and protect their patients. In a related instance, Nketia (1963) established that music can function as signal mode and speech mode in the medical process. Osei-agyeman (1990) also affirmed that music is a mystical contrivance for drawing deities and other benevolent spirits to support the therapy. In addition,

OseiAgyeman stated that music can best be classified as magico-religious powers that are strong and influential enough to shake the astral planes or win the sympathy of the supermundane forces. Corroborating the above statement, Conway (1972) stated that like the physical world, the astral planes can also be affected and shaken by the sound of music.

The music played at the medical centres also sends signals to people that the healers will soon perform their healing ceremony. Sometimes, supplicatory songs are also sung to the deities in order to extend their curative power on the patient. It serves as a form of advertising the centre as well as the priest and the deity to people near and far.

The study revealed that the music played at the medical centres are used in the treatment of emotional and psychological disorders. Heindel (1971) explains that music can cause the healer to feel a distinct vibration in the back of the lower part of the head. Each time the music is played, the vibration will be felt. It is said that if the music is played slowly and soothingly, it will build and rest the body, tone the nerves and restore health. The science of applying music as a health cure relies on acute understanding of the energy properties produced by various musical instruments, and the sonic constructs that would engage with dissonant tissue energies to restore the normal resonance of life energy in human organs (Nziwe, 2002).

5.3.2.2 Drama in the Administration of the Medicine

References have been made to the various dramatic scenes in the traditional medication in the Ashanti Region. More so, the significance of drama has been noted earlier. The dramatic events involved in the traditional medicine administration processes seem to instil faith, assurance and confidence into patients. The rhythmic movement and symbolic gestures are all dramatic elements displayed in the medication. The elements of religious drama emerge more directly in diagnoses, healing and prevention of diseases and other problems. More so, the dramatic scenes found in the medicine administration have great psychological impact allaying their (patients) fear in order to obtain successful healing.

5.3.2.3 Verbal Art in Administering the Medicine

In the administration of traditional medicine, verbal art plays a key role in that without verbal art, it may be difficult for the healers to communicate to their patients and deities. Observations revealed that verbal arts have the power to attract compassionate and generous spirits and also repel and thwart unfamiliar and evil spirits in order for the healer to achieve successful healing.

During invocation of the medical deities into their human mediums, verbal arts are used. When the deities descend, verbal arts which are in the form of communication are used as a means of interaction between the possessed priests or priestesses and their devotees as well as the patients. The opinions, requests and desires of the priests and their patients are communicated to the medical deities.

Moreover, verbal arts in the medication are demonstrated in invocations accompanying libation performances, song ministrations, prayers and other ritual ceremonies. These verbal arts are very effective in achieving successful healing. It was observed that when the deities descend on their mediums, they speak and behave like the deities the medium represents. The medium's voice changes and speaks differently far from when he or she is not possessed. They also speak with power and authority. This also strengthens the trust the patients have in the deity and psychologically helps patients to have the confidence and assurance that they will be healed since the deity himself is interacting with him or her.

Also when the deities are operating through their medium, they communicate to their patients what their healing powers are capable of doing. For instance, Bongari, one of the deities, stated *"I can cure all kinds of diseases which the orthodox practitioners cannot do. The Supreme Being brought me here to help mankind. Diseases that I will not cure are those emanated from human killing."* (Person Communication, March, 2018). This also consoles and relieves the patient psychologically and leads them to develop a very strong belief that they will be healed.

In the cause of invocation and libation performances as pointed out, various appellations are used to glorify, praise and magnify the medical deities. This form of exhortations and praises in the administration process are very important since they are believed to enable clients to win the favour of the divinity. Words of mouth are also invoked on some herbs and other medicinal plants to make them potent.

5.3.3 The Medicine as part of Asante Culture

The medicine of the people of Ashanti is an aspect of their culture. The study revealed that the medicine is strictly structured and nurtured along their culture. This makes the medicine and the people's culture rigorously intertwined. It is for this reason that Twumasi and Bonsi (1957) in the review of related literature argued that medical systems are tied with the way of life of a people and that the institution of medicine are tied with the people's philosophy, religion and belief systems. In corroboration, Ajao et al (2014) established that traditional medicine is an ancient and culture-bound method of healing.

The medicine is shrouded in the people's cosmological beliefs, religion, art forms, politics, social, economic, language, and values. This makes the whole process of diagnosing, treatment and prevention of ailments largely derived from the culture of the people. They practise both polytheistic and monotheistic. With the polytheistic aspect, they believe and acknowledge multiple deities. Their monotheistic practice stems from their strong belief in a Supreme Creator who is also their Omnipotent Deity. The Supreme Being is said to be the source of all therapeutic knowledge. Their faith in Him is seen in all aspect of the administrative processes. The deities are believed to be His ministers who perform various therapeutic activities.

The singing, drumming and dancing which take place in the course of healing are aspects of the people's culture. More so, sacrifices, prayers and libation performances in the healing processes identify them as a specific group of people. These cultural elements also exhibit their cultic worship paving way for them to interact and communicate to the healing divinities. Idioms, proverbs and myths, legends and other artistic expressions used in the therapeutic session have also gained access into the medicine. Language is used to convey culture and preserve cultural ties. Risgar (2006) claims that language is a part of culture and a part of epidermal behaviour.

Moreover, the use of artefacts such as pottery wares, temples, guns and others exhibit the cultural elements in the medicine. These artefacts are locally made and similar ones are seen in the secular environment. The use of the drums, maracas, and other musical instruments in the shrine music is also an aspect of culture demonstrated in the medicine since these instruments are used in the palace and during funeral ceremonies. Furthermore, artefacts such as sword, umbrella, stool, asipim chair and other paraphernalia of the

traditional chiefs are also used by the traditional healers. For instance, Okomfo Akosua Adutwumwaa and Okomfo Fati Haruna during ceremonies dress like queen mothers. They hold swords and occupy their stools.

The culture is also exhibited in the food they serve the deities, the costumes they wear when the deities descend, the song they sing, the kind of dances they perform, the proverbs and other wise sayings they normally use during the diagnosing and healing processes.

5.4 Foreign Cultural Elements in Asante Traditional Medicine

Asante traditional medicine has undergone a little acculturation. Foreign elements from distant countries and from other regions of this nation have infiltrated in the medicine. The researcher has in this connection made reference to the adoption of literacy at KuneGyendu Bongari shrine. The importation of anti-witchcraft and occasional use of foreign languages by the possessed priests and priestesses have also been alluded.

Moreover, the foreign elements include smock and worn by the anti-witchcraft priests and priestesses for dancing and healing rituals are normally obtained from the Northern and the Upper Region of Ghana. Some the temples of the healing deities have been built of cement blocks and have therefore been susceptible to the influence of the western culture. Some of the sculptured shrines found at KuneGyendu/Bongari shrine and Asuo Abresua shrine were constructed of cement.

Also the beeads, brass bowls, tasbil, Quran, Bible, mirror, posters, incense burner and many other elements connected with healing centres are of foreign origin.

Medical practices which include mirror gazing and pulling of headache or transferring diseases to objects have also been infiltrated into the Asante traditional medicine.

5.5 Objective Three of the Study

The third problem was to analyse the positive aspect of Asante medicine so as to help erase the negative perceptions that exist about it. The traditional medicine practitioners serve many significant roles which include but not limited to custodians of the traditional

religion and customs, educators of culture, counsellors, social workers and psychologists. They also advise their clients and the community members in all facets of life, including physical, psychological, spiritual, moral, and sometimes legal matters.

Patients and people who have experienced traditional medication were of the firm belief that it is more accessible and more affordable than scientific medicine and is very effective. Some authorities such as Darko, 2009; Obomsawin, 2007; Okigbo and Mmekaka, 2006; Twumasi, 2005; Davies, 1994 and Buor, 1993 had similar findings in their studies.

Socially, traditional medicine brings about cordial relationship between persons as well as man and his environment (rivers, flora and fauna and other natural objects). The medicine promotes community entertainment through drumming, singing and dancing. It also promotes friendship between people of different cultures, clans and social statuses.

Moreover, the moral and the economic benefits which have already been examined are accrued from the therapeutic practice. For instance, adherents of this medical practice strongly believe that the divinities who exercise their powers over the world despise any form of immoral act which include fornication, theft, adultery, abuse of the environment, sex in the bush and disobedience. The spiritual punishments from the spirits when one defaults the moral principles coupled with ritual sacrifices serves as strong deterrents for sinning or doing wrongs in the society.

It is interesting to know that these deities are believed to have power to influence rainfall, fertility of animals and land, production of crops and increase the life span of people. They also enable devotees to achieve successful marriage, journey, promote businesses and others. All these benefits derived from the medicine help to build the nation's economy.

5.6 Summary of the Main Findings that Contribute to Knowledge

The main contributions of the study are indeed unique and they broaden and largely fill the knowledge gap or vacuum in Asante traditional medicine.

1. The study is a groundbreaking research that has meticulously and comprehensively investigated into the traditional medical practices in the Ashanti Region of Ghana. The study has shown that in the traditional medicine practice system, the healers Pre-Diagnose, Diagnose, Pre-Heal, Heal, Post-Heal and Protect people from diseases and misfortunes. The study has vividly and critically accounted for the various medical practices of the medical

centres in the study area. It has empirically shown that the traditional medications which include casting of cowries and sacrifices are holistic and considers the whole person (the physical and the spiritual aspect); body, mind, spirit, and emotions in the quest for optimal health and wellness.

2. The study has clearly and painstakingly unveiled each single art form (visual, performing and verbal) and cultural elements which serve as vehicles in administering the medicine. It has also highlighted the vital roles the cultural and artistic elements play in the medicine. This will enable people to know the various Asante arts and cultural elements that feature in the medicine and their linkage. The study has shown that the traditional medicine's philosophy, evident in the cultural and artistic elements, in many respects have scientific underpinnings. It has established that the traditional knowledge systems which are embedded in the indigenous cultural and artistic elements in traditional medication are very effective in diagnosing, healing and preventing diseases. It has primarily exposed that the art and cultural elements displayed in traditional medicine administration can serve as an effectual and able medication complement to the scientific medical system in Ashanti Region and for that matter Ghana.

3. The study has analysed the positive aspects of the traditional medication in the Ashanti Region of Ghana. This great contribution will help erase the misleading notions that exist about the medicine and this will go a long way to enlighten people to fully patronize it.

It is evident from the major findings presented so far that the research has undeniably contributed greatly to the growth of knowledge in art and culture in traditional medicine administration.

5.6 Summary of the Chapter

The chapter has critically and thoroughly presented the general discussion of the study. The medical centres and the medical practices of the centres have been discussed. The findings were discussed under four major components which are: Visual Art, Performing Art, Verbal Art and the Cultural Aspects of the medicine. Under visual art, various

artefacts including temples, metal wares, and wooden wares were generally discussed. Also the medicine as part of the culture of the people of Asante has been discussed.

The roles of the arts that feature in the medicine have carefully been outlined. The study has shown that the medicines are part and parcel of the culture of the people. The study has settled that the indigenous medicine administration is affordable, accessible and convenient. The medicine also exhibits some aspects of our culture and identifies us as a group of people. The findings of the study profoundly contribute to knowledge concerning the role of art and culture in the administration of traditional medicine in Asante. The next chapter draws conclusions from the findings and upon that offers beneficial recommendations.



CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1 Overview

This last chapter of the thesis has established valid conclusions from the analyses of all the various aspects of the study. The chapter also puts forward commendable recommendations to policy makers and researchers to help solve the problem that necessitated the research and for further studies in the area of research.

6.2 Conclusions

From the results and discussions of the research, all the objectives have clearly been achieved. The sound outcome emanated from the study and the valid data drawn from the findings in addressing the research questions are presented in this section.

The first objective has in this case helped the researcher to know that *KuneGyendu/Bongari* Shrine is found in Adumakasekese, *Asuo Abresua* Shrine at Ahwirewam, *Bokankye Akua Gyabon* Shrine at Mankranso Peposo, *Apomasu Kwao* Shrine of Ntensere, Mallam Abudu Herbal and Spiritual Centre at *Abuakwa* and Dr. Abban Traditional Medical Centre at Bompata, Kumasi.

The study has also examined the pre-diagnostic, the diagnostic and pre-healing rituals of Asante traditional medicine and has investigated the curative and post-healing activities in the context of Asante culture. It has also examined the techniques employed for diagnoses and curing diseases in the identified medical centre.

This second objective aimed at discussing Asante art and cultural elements that feature in administering traditional medicine in the Ashanti Region. The objective has identified and discussed the various arts (visual, body, performing and verbal) that feature in the medicine. It has examined the role, importance, influence and significance of the arts in the therapy. The objective has also examined the Asante cultural aspects that feature in and support the remedy and has identified some of the foreign cultural elements that have infiltrated into the therapy. The conclusions drawn from this objective are very positive

and endorse Art and Culture as pertinent and indispensable elements and also have great medical ethos relevant to the medicine. The art and cultural elements are so influential on the remedy that they make the medicine an effectual psychotherapy. The study has settled that the gains, successes or failure of the medicine are at the same time the accomplishments and disappointments emanating from the arts and culture of Asante. It has also been established that without art and cultural elements, the administration of traditional supermundane medicine will not be successful since, the art forms are the abodes of the deities and they manifest their healing powers through the arts and cultural activities.

The third objective as stated in Chapter One of this study was ‘to analyse the positive aspect of Asante traditional medication so as to help erase the negative perceptions that exist about it. This objective has been successfully achieved. The study has comprehensively enlightened people on the need for them to patronize traditional medication. The study has settled that traditional medication is effective in identifying ailments most especially spiritual cases. It has been revealed that while the orthodox practitioners address only the physical cases, the numinous practitioners cater for both spiritual and non-spiritual cases. This stems from the people’s strong belief in the causation theory of disease.

The study has clearly established that the medical deities are not evil as many religious bodies believe and teach their members. The study has already indicated that the Supreme Being created everything in the universe including the deities, and like human beings as we have good and bad ones, same applies to the deities. There are benevolent and malevolent ones. The benevolent forces are believed to be the minister of the Supreme Being and they work on his behalf. The good deities use their God-given powers to help man and protect man from diseases and misfortunes caused by the evil spirits.

6.3 Recommendations

The outcome of this research shows that a number of policies ought to be obtained in order to achieve more successful utilization of the traditional medicine practices. It offers clear and specific direction to policy makers and stakeholders on how the medicine can be projected so that people can fully patronize it. The cultural and artistic elements embedded in the administration of traditional medicine are very rich and effective and therefore needs

to be well-preserved. It also offers directions to researchers on further areas in the field of research that needs to be explored in the future studies.

6.3.1 Recommendations on the traditional medical centres in the Ashanti Region and their medical practices

1. The government should give recognition to the traditional diviners and spiritual healers by putting up appropriate buildings (clinics and hospitals) and providing them the necessary needs like what they have been providing for the orthodox health centres. Also, places where patients will be admitted in the cause of the healing and beds which they will use should also be made available. This will help empower people to patronize the medicine.
2. Moreover, the Ministry of Health with support from government and the stakeholders should merge the traditional numinous hospitals and the orthodox ones. These two centres should work hand in hand where spiritual cases which cannot be cured by the orthodox centres will be referred to the traditional hospitals and vice versa. By so doing, people may fully and freely patronize the traditional mystical centres as well as the orthodox medical centres.

6.3.2 Recommendations on the Art and Cultural Elements that Feature in the Administration processes

1. Since the medical arts, especially drumming, singing, dancing and the rituals are therapeutically effectual, they could be incorporated in the orthodox medical system. The orchestral and therapeutic performances could even be improved to enhance the psychotherapy and other forms of the treatment. The traditional medical practitioners could learn from other part of the world their system of drumming, singing and dancing, and their pantomimic display that would promote the efficacy of the medicine.
2. Ghana Museums and Monuments Board should also work hand in hand with the traditional healers in order to take proper care of these interesting artefacts that feature in the medicine since the shrine and the art forms can serve as tourist

attraction where people from far and near can go and observe the art forms as well as the glorious display of the traditional healers when they are possessed by their deities.

3. Moreover, the drumming, singing, dancing and the theatrical performances which are incorporated in the medicine to achieve its efficacy can also be improved if possible to develop or advance the therapeutic processes.

6.3.3 Recommendations on the Positive Aspects of the Medicine

1. The media should take it upon themselves to educate and inform people on the good qualities of traditional numinous medication. They should also host both audio and audio-visual programmes to promote the positive aspect of the medicine.
2. More so, during cultural days organised by the Ghana Education Service, drama on the benefits of the traditional medication should be organised in order to enlighten both the young and the old on this type of medication.
3. Curriculum Developers should also incorporate traditional medication into the Ghanaian Basic Education Syllabus in order for pupils to be nurtured with knowledge of traditional medication at their tender ages.

6.4 Areas for Further Research

Besides the recommendations made, the researcher recommends to future researchers the rich anthropological, ethnographic and other aspects of information, concerning numinous medicine, waiting to be tapped in Asante. Since mystical medicine in the Ashanti Region is very wide to be exhausted in this thesis, future researchers can delve deeply into the various methods of curing particular types of diseases, write biographies of the medicine-men and study the stylistic aspects and developments of the arts employed in numinous medicine.

Further studies can also be carried out in finding out the unique roles art and other cultural elements play in traditional medicine administration in all the other regions of Ghana.

6.5 Summary of the Chapter

The study has concluded that Asante art and cultural elements are the vehicles through which healing is achieved and without them, healing may not be accomplished. Also, some of the practices of the traditional healers need to be improved in order to draw people to

patronize the medicine. The study has scholarly presented recommendations which when followed will lead to further improvement.

REFERENCES

- Ababio, S. 2014. Indigenous beliefs and cultural practices for forest conservation and sustainability, Unpublished Thesis, Kwame Nkrumah University of Science and Technology, Kumasi.
- Abayie B. A. 1998. Traditional conservation practices: Ghana's example, Institute of African Studies Research Review
- Abbiw, D., Agbovie, T., Akuetteh, B., Amponsah, K., Dennis, F., Ekpe, P., Gillett, H., Ofosuhene-Djan, W. and Owusu-Afriyie, G., 2002. Conservation and sustainable use of medicinal plants in Ghana, Conservation Report. <http://www.unep-wcmc.org/species/plants/Ghana>. Retrieved 10/7/ 2018
- Abbott, R., 2014. Documenting traditional medical knowledge. Ryan Abbott, Documenting Traditional Medical Knowledge, World Intellectual Property Organization (March, 2014).
- Abdullahi, A. A. 2011. Trends & Challenges of Traditional Medicine in Africa www.ncbi.nlm.nih.gov/pmc/articles/PMC3252714/. Retrieved 17/5/2017
- Abebe W. 1984. Traditional pharmaceutical practice in Gondar region, northwestern Ethiopia. *J Ethnopharmacol*, 11, 33–47
- Ackah, C.A., 1988. Akan ethics: A study of the moral ideas and the moral behaviour of the Akan tribes of Ghana.
- Adamo D. T. 2004. Decolonizing African Biblical Studies. 7th Inaugural Lecture, Delta State University, Abraka,
- Addae-Mensah, I., 1992. Towards a rational scientific basis for herbal medicine. Ghana Universities Press.
- Addy, M., 2017. Traditional medicine.

- Adeyemo, T. 1978. *The Doctrine of God: African Traditional Religion* (Dallas: Theological Seminary,
- Adjanohoun, E.J. Ahyi, A.M.R.; Ake Assi, L.; Akpagana, K.; Chibon, P.; El-Hadji, A.; Eyme, J.; Garba, M.; Gassita, J.-N.; Gbeassor, M.; Goudote, E.; Guinko, S.; Houdoto, K.-K.; Houngnon, P.; Keita, A.; Keoula, A.; KlugoOcloo, W.P.; Lo, I.; Siamevi, K.M. 1986. *Contribution aux études ethnobotaniques et floristiques au Togo*. Paris, Agence de Coopération Culturelle et Technique.
- Adom, D. Kquofi, S & Asante, E. A. 2016, 'The high impacts of Asante indigenous knowledge in biodiversity conservation issues in Ghana: The case of the Abono and Essumeja Townships in Ashanti Region', *British Journal of Environmental Sciences*, vol.4, no.3, pp. 63-78.
- Adu-Gyamfi, S., 2010. *A Historical Study of The Impact of Colonial Rule on Indigenous Medical Practices in Ashanti: A Focus on Colonial and Indigenous Disease Combat and Prevention Strategies in Kumasi, 1902-1957* (Doctoral dissertation).
- Afriyie, E. 2010. *The Theology of the Okuapehene's Odwira: An Illustration of the Engagement of the Gospel and Culture Among the Akan of AkropongAkuapem*" (Unpublished PhD Thesis, Akrofi-Christaller Institute of Theology, Mission and Culture) E. M. Kwapong
- Agawu, K., 2007. The communal ethos in African performance: Ritual, narrative and music among the northern Ewe', *Trans. Revista Transcultural de Musica* 11(Julio), 3-4.
- Agbor, A.M. and Naidoo, S., 2011. Knowledge and practice of traditional healers in oral health in the Bui Division, Cameroon. *Journal of Ethnobiology and Ethnomedicine*, 7(1).
- Agordoh, A. A. 1994. *Studies in African Music* (Revised Edition). Ho: New Age Publication.
- Agyadu, G. O., Donkor, F. and Obeng S. 2010. *Teach Yourself Research Method*, University of Education Winneba, Kumasi.
- Ahmadzadehasl M, Ariasepehr S. 2010. *Sampling and sample size calculation: Basic Principles of Research in Medical Sciences*. Tehran: Nour Danesh.
- Ahmed, M., 2014. *Ancient Pakistan-An Archaeological History: Volume II: A Prelude to Civilization*. Amazon.
- Airhihenbuwa, C. O. 1995. *Health and Culture Beyond the Western Paradigm*. Sage Publications, California, USA.

- Aja, E. 1999. Metaphysics and Medicine; The Traditional African Experience, in Okpoko A.I. (ed).Africa's Indigenous Technology. Ibadan: Wisdom Publishers Limited
- Ajao, A.M., Oladimeji, Y.U., Babatunde, S.K. and Obembe, A., 2014. A study of the use of honey and ethno-biological components in Nigerian tradi-medical practices. British Journal of Applied Science & Technology, 4(19).
- Akanbonga, S., 2015. Knowledge of traditional herbalists on diabetes mellitus and the effect of herbal medicine on Glycaemic control (Doctoral dissertation).
- Ake Assi, L. 1988. Plantes médicinales: quelques Legumineuses utilisées dans la médecine de tradition Africaine en Côte d'Ivoire. Monogr. Syst. Bot. Missouri Bot. Gard., 25, 309 - 313.
- Alam, 2012. The role of traditional medicine in human society. <http://mestka.blogspot.com/2012/03/role-of-traditional-medicine-in-human.html> Retrieved 17th May, 2017
- Allen M. 2017. Narrative Analysis: The SAGE Encyclopedia of Communication Research Methods
- Aluede, C.O., 2006. Music therapy in traditional African societies: origin, basis and application in Nigeria. Journal of Human Ecology, 20(1).
- Amenuke S. K., Dogbe, Asare, Ayiku and Baffoe 1991, General Knowledge in Art for Senior Secondary Schools. Accra: Evans Brothers Limited.
- Ampofo, A. J., Ando A., Tetteh, W. and Bello, M. 2012. Microbiological Profile of Some Ghanaian Herbal Preparations-Safety Issues and Implication for the Health Professions. Open Journal of Medical Microbiology; 2 (3):121-30.
- Angen, M. J., 2000. Evaluating interpretive inquiry: Reviewing the validity debate and opening the dialogue. Qualitative health research, 10(3).
- Anon, 1937.
- Anyinam, C., 1987. Availability, accessibility, acceptability, and adaptibility: Four attributes of African ethno-medicine. Social science & medicine, 25(7).
- Appiah E.R.K. 2004. The Visual Arts; General Knowledge and Appreciation for Schools and Colleges (second edition) Ghana: Takoradi, St Francis Press

Arinze, F. and Pastoral, L., 1972. More Justice for The Poor.

Asare B. E. 2015. Developments Made In Herbal Medicine Practice In Ghana <https://www.modernghana.com/news/594410/developments-made-inherbal-medicine-practice-in-ghana.html>

Asiedu, N. K. 2010. Art and Chieftaincy in Ahwiaa Culture (Doctoral dissertation).

Astin, J. A. 1998. Why patients use alternative medicine: results of a national study. *Jama*, 279(19), pp.1548-1553.

Atuahene, J. O. 2010. A Comparative Study of the Prophets of African Indigenous Churches and Akan Traditional Priests: A Critical Examination of their Training. (MPhil. dissertation, Kwame Nkrumah University of Science and Technology,)

Awoonor, K., 1990. Ghana: A political history from pre-European to modern times. Sedco Pub..

Awuah-Nyamekye, S. 2013. The role of African Traditional Religion and Culture—A case study of Berekum Traditional Area, etheses.whiterose.ac.uk/.../THE%20THESIS%20%20HARD%20COVER

Ayeni, O. 2004. Observation on the Medical and Social Aspects of Scarification in SubSaharan Africa. MSc Medical.

Ayiku, K. R. 1998. Symbolic meanings in the Ghanaian Arts, a step towards developing cultural literacy, Canada: National Library

Ayim-Aboagye, D., 1993. The function of myth in Akan healing experience: A psychological inquiry into two traditional Akan healing communities (Doctoral dissertation, Acta Universitatis Upsaliensis).

Azongo, T.B. and Yidana, A., 2015. Spiritual Diagnostic Laboratory: The Role of Diviners in the Manage

Babbie, E., 2007. The practice of social research. 11th. Belmont, CA: Thomson Wadsworth, 24(511).

Bailey, K. D. 1978. Methods of Social Research. Basingstoke: Collier-Macmillan

Bannerman-Richter, Gabriel. 1982. The Practice of Witchcraft in Ghana. Elk Grove: Gabari Publishing Company.

Barbour, R.S., 2001. Checklists for improving rigour in qualitative research: a case of the tail wagging the dog?. *Bmj*, 322(7294).

- Barkun M. 2003. *Cultures of Conspiracy: Apocalyptic Visions in Contemporary America*, University of California Press, Berkeley-Los Angeles.
- Bechwith, C. & Fisher A. 2002. *African Ceremonies*. New York: Harry. N. Abrams Incorporated, 295,325
- Beer, G., 2000. *Darwin's plots: evolutionary narrative in Darwin, George Eliot and nineteenth-century fiction*. Cambridge University Press.
- Benedict, A. O., 2014. The perception of illness in traditional Africa and the development of traditional medical practice. *International Journal of Nursing*, 1(1), pp.51-59.
- Bentil, E. A. 2016. Developments made in herbal medicine practice in Ghana. Retrieved on 3rd Febuary, 2018.
- Benton, W. 1972. *Medicine and Surgery, History of early Greek and Roman Medicine*. Chicago.
- Berckmans, R.J., Sturk, A., van Tienen, L.M., Schaap, M.C. and Nieuwland, R., 2011. Cell-derived vesicles exposing coagulant tissue factor in saliva. *Blood*, 117(11).
- Berglund, A.I., 1976. *Zulu thought-patterns and symbolism* (No. 22). C. Hurst & Co. Publishers.
- Berkeley, W. 2007. Rusty Water. <https://www.berkeleywellness.com/healthy-eating/food-safety/article/rusty-water>
Retrieved 17th May, 2017
- Best, J. W. and Kahn, J. V. 2003. *Research in Education* (9th ed.,) U.S.A: Pearson Education Inc.
- Bhasin, V. 2008 *Gaddis' Folk Medicine: A Source of Healing*. Department of Anthropology, University of Delhi, Delhi 110 007, India. *Ethno-Med.*, 2(1): 127
- Billig, M., 1997. *Rhetorical and discursive analysis: How families talk about the royal family. Doing qualitative analysis in psychology*.
- Bing, Z. and Hongcai, W., 2010. *Diagnostics of traditional Chinese medicine*. Singing Dragon.
- Boateng, B., 2004. *African textiles and the politics of diasporic identity-making. Fashioning Africa: Power and the politics of dress*.

- Bishop, R., 2005. Freeing ourselves from neocolonial domination in research: A Kaupapa Maori approach to creating knowledge.
- Boddy, J., 1989. Wombs and alien spirits: Women, men, and the Zar cult in northern Sudan. Univ of Wisconsin Press.
- Borokini, T. I., & Lawal, I. O. 2014. Traditional medicine practices among the Yoruba people of Nigeria: a historical perspective. *Journal of Medicinal Plants*, 2(6).
- Bradley, W. and Esche, C., 2007. *Art and social change: A critical reader*. Tate.
- Braffi, E. K. 1990. *The African Traditional Priest and His Work*. University Press.
- Brondizio, E. S, Anderson, KP, Arza, FS & Cardenas, RP 2015, Bolivian proposal to the CBD, Government of Bolivia, Bolivia
- Bruner, E.M., 1986. Experience and its expressions. *The anthropology of experience*.
- Buor, D. 1993. The Impact of Traditional Medicine on Health Delivery Services in Ghana: The Ashanti Situation. *Journal of the University of Science and Technology*, 13 (3)
- Buor, D. 2002. Distance as a Predominant Factor in the Utilization of Health Services in the Kumasi Metropolis, Ghana. *International Journal of Human Geography and Environmental Sciences (Geojournal)*, Vol. 56(2), pp. 145-157.
- Busha, C. H. and Harter, S.P., 1980. *Research methods in librarianship: Techniques and interpretation*. Academic press.
- Busia, K. & Kasilo, O. M., 2010. Overview of Traditional Medicine in ECOWAS Member States.[Online]Available at: <http://www.aho.afro.who.int/en/ahm/issue/13/reports/overview-traditional-medicine-ecowas-member-states> Retrieved 17th May, 2017
- Camic PM. Playing in the mud: health psychology, the arts and creative approaches to health care. *J Health Psychol* 2008;13(2):287–298
- Canaan, T., 2005. Plant-lore in Palestinian superstition. *Jerusalem Quarterly*, (24).
- Carey, J. 1992. *The Intellectuals and the Masses*. London. Faber & Faber.
- Carson, D., Gilmore, A., Perry, C. and Gronhaug, K., 2001. *Qualitative marketing research*. Sage.

- Castillo, J. J. 2009. Research Population. <http://explorable.com/research-population> (assessed 10th January 2018)
- Center for the Study of Religion and Culture (CSRC). 2002. Use of traditional vs. orthodox medicine in help-seeking behavior for psychiatric disorders in Nigeria. Summer Fellowship Report 2005. Conserve Africa. "Africa: Overview on Medicinal Plants and Traditional Medicine". Conserve Africa. Pambazuka News.
- Chavunduka, G. L., 2009. Christianity, African religion and African medicine. World Council of Churches; 2009.
- Clement, Y. N., Morton-Gitten, J., Basdeo, L., Blades, A., Francis, M., Gomes, N., Janjua, M. and Singh, A. 2007. Perceived Efficacy of Herbal Remedies by Users Accessing Primary
- Cohen, D. and Crabtree, B., 2006. Qualitative research guidelines project.
- Cohen, L., Manion, L. and Morrison, K., 2002. Research methods in education. Routledge.
- Collie, K., Bottorff, J. L. and Long, B.C., 2006. A narrative view of art therapy and art making by women with breast cancer. *Journal of Health Psychology*, 11(5), pp.761-775.
- Colson, E., 1969. Spirit possession among the Tonga of Zambia. Routledge & K. Paul.
- Conrad, P.K. 2004. *Mirror for Humanity, a concise Introduction to cultural Anthropology*. New York: McGraw- Hill Companies Inc
- Conserve Africa. 2002. "Africa: Overview on Medicinal Plants and Traditional Medicine". Conserve Africa. Pambazuka News.
- Conway D. (1972) *MAGIC. AN ACULTIC PRIMER*. Oxford University press
- Cooper, K. H. 1979. 'n Sluikhandle in Stinkhout deur die toordoktors. *African Wildlife*, 33 (3), 8
- Craffert, P. F., 1997. Opposing world views: the border guards between traditional and biomedical health care practices. *South African Journal of Ethnology*, 20(1).
- Craffert, P.F., 2015. What does it mean to be possessed by a spirit or demon? Some phenomenological insights from neuro-anthropological research. *HTS Teologiese Studies/Theological Studies*, 71(1).

- Craig, J. W. 1999. Health promoting properties of common herbs. *The American Journal of Clinical Nutrition*; 70 (3):491S-9S.
- Creswell, J.W. 2009. *Research Design* (3rd ed). University State of America: SAGE Publication, Inc.
- Creswell, J.W. and Plano Clark, V.L., 2011. Choosing a mixed methods design. *Designing and conducting mixed methods research*.
- Creswell, J.W., 2012. *Educational research: planning. Conducting, and Evaluating*.
- Creswell, J.W., 2014. *A concise introduction to mixed methods research*. SAGE publications.
- Crilly, N., 2010. The roles that artefacts play: technical, social and aesthetic functions. *Design Studies*, 31(4).
- Crotty, M. 1989. *The foundations of social research*. London: Sage.
- Crowe, S., Cresswell, K., Robertson, A., Huby, G., Avery, A. and Sheikh, A., 2011. The case study approach. *BMC medical research methodology*, 11(1).
- Cumes, D., 2004. *Africa in My Bones: a surgeon's odyssey into the spirit world of African healing*. New Africa Books.
- Cunningham, A. B. 2001. *Applied Ethnobotany: People, Wild Plant Uses and Conservation*, Earthscan, London, U.K
- Cunningham, A.B., 1993. *African medicinal plants*. United Nations Educational, Scientific and Cultural Organization: Paris, France.
- D'Andrade, R. G. 1992. Schemas and motivation. *Human motives and cultural models*, 23, 44.
- Dadzie, E.W., 1965. *Directory of archives libraries and schools of librarianship in Africa*.
- Dafni A. 2007. *Rituals, ceremonies and customs related to sacred trees with a special*
- Dafni, A., Levy, S. and Lev, E., 2005. The ethnobotany of Christ's Thorn Jujube (*Ziziphus spina-christi*) in Israel. *Journal of Ethnobiology and Ethnomedicine*, 1(1), p.8.
- Dagmar T. 2019 *Spiritual Egg Cleansing: Meaning And Interpretation*
- Darko, I.N. 2009. *Ghanaian Indigenous Health Practices: The Use of Herbs*. Unpublished MA Fraenkel, J., Wallen, N. &Hyun, H. (2012). *How to design and evaluate research in Education* (8th ed.) New York: Mc Graw-Hill Company.

- Davies, M. 1994. Modern and Traditional Medicine in the Developing World. The McGill Journal for Developing Studies, vol. 14.
- DAVIS, D. 2005. Business Research for Decision Making, Australia, Thomson SouthWestern.
- Deboick S. 2011. Religion. sophiadeboick.com/category/religion
- Diallo, Y. and Hall, M., 1989. The healing drum: African wisdom teachings. Inner Traditions/Bear & Co.
- Diawuo, F. and Issifu, AK 2015, Exploring the African traditional belief systems in natural resource conservation and management in Ghana, The Journal of Pan African Studies, vol. 8, no. 9
- Dime, C.A., 1995. African Traditional Medicine Peculiarities.
- Domegan, C. and Fleming, D., 2007. Marketing Research in Theory & Practice. Ireland, Gill & Mac Millan Limited.
- Donalek, J.G., 2004. Phenomenology as a qualitative research method. Urologic nursing, 24(6), pp.516-517.
- Dopamu, Ade P. 2003. "Scientific Basis of African Magic and Medicines: The Yoruba Experience" in African Culture Modern Science and Religious through. P.A.
- Dovlo, E., 1998. The Effects of Religion and Traditional Barriers on Women's Potential for Development. Legon Journal of the Humanities, 11, pp.85-101.
- D'Souza R.2007. The importance of spirituality in medicine and its application to clinical practice. <https://www.mja.com.au/journal/2007/186/10/importance-spirituality>
<https://www.mja.com.au/journal/2007/186/10/importance-spirituality-medicine-and-its-application-clinical-practice>
 Retrieved 11th July, 2018
- Effah, A.S., 2009. Christianity and African Traditional Religion in Kumasi: a Comparative Study. Kwame Nkrumah University of Science and Technology.
- Ekem, J. D. K., 2008. Priesthood in context. Accra: SonLife Press.
- Eliade, M., 1995. Aspekty mifa [Aspects of the myth]. Moscow: Invest-PPP, PPP.

- Emnoff, Ron. 2002. *Recollecting from the Past: Musical Practice and Spirit Possession on the East Coast of Madagascar*. Middletown: Wesleyan University Press
- Engel, L. 1977. The need for a new medical model: a challenge to biomedicine. *Science*;196:129–36.
- Ernst, E. and Fugh-Berman, A., 2002. Complementary and alternative medicine: what is it all about?. *Occupational and Environmental Medicine*, 59(2), pp.140-144.
- Erofex, 2008 The History and Purpose of the Trance Dance
<https://www.neurotrance.org/the-history-and-purpose-of-the-trance-dance>
- Esaak, S. 2019. What art the Visual Arts? <https://www.thoughtco.com/what-are-thevisual-arts->
Retrieved 10th May, 2017
- Evans, H. 1950. The Akan Doctrine of God, in Edwin W. Smith (ed.), *African Ideas of God* (London / Edinburgh: Edinburgh House Press), pp. 241-259.
- Evans-Anfom, E. 1986. *Traditional medicine in Ghana: Practice, problems and prospects*. Accra: Academy of Arts and Sciences
- Falconer, J. 1992. *Non-timber forest products in Ghana*. London: Overseas Development
- Fink, P., 1990. Physical disorders associated with mental illness. A register investigation. *Psychological medicine*, 20(4), pp.829-834.
- Fisher, C 2007, *Researching and writing a dissertation: A guidebook for business students* (2nd edn), Pearson Educational Limited, England.
- Florey, M.J. and Wolff, X.Y., 1998. Incantations and herbal medicines: Alune ethnomedical knowledge in a context of change. *Journal of Ethnobiology*, 18, pp.39-67.
- Formica M. J. 2010. The Science, Psychology, and Metaphysics of Prayer.
<https://www.psychologytoday.com/za/blog/enlightened-living/201007/the-science-psychology-and-metaphysics-prayer?ampscience-psychology-and-metaphysics-prayer?amp> Retrieved 17th May, 2017
- Fox, W. and Bayat, M.S., 2007. *A Guide to Managing Research* Cape Town. Juta & Co. Ltd.
- Fraenkel, J. R., Wallen, N. E., and Hyun, H. H. (2012). *How to design and evaluate research in education* (8th ed.). New York, NY: McGraw-Hill.
- Frazer J. G., 1933. *The Golden Bough*. Abridge Edit, London: Macmillan and Co. Ltd.

- Frese, P., Gray, S.J.M. and Eliade, M., 1995. The Encyclopedia of Religion.
- Friedman, M., 2014 Does Music Have Healing Powers? <https://www.psychologytoday.com/za/blog/brick-brick/201402/does-music-have-healing-powers?amp> Retrieved 20th May, 2017
- Friedson, S.M., 1996. Dancing prophets: Musical experience in Tumbuka healing. University of Chicago Press.
- Fullerton, J. 2010 Beliefs, Uses, and Prevalence of Jujus (African Charms) in The Gambia, Africa. <https://www.scribd.com/document/133195482/Beliefs-Uses-andPrevalence-of-Jujus-African-Charms-in-The-Gambia-Africa-On-Site-Researchby-Jackie-Fullerton>
- Gaba, Christian R. 1973. Scriptures of an African people: Ritual utterances of the Anlo. New York: NOK Publishers.
- Gadon, E.W., 2004. Annapurna Ma, Priestess and Healer: Women's Agency in Folk Culture of Rural Orissa. Journal of Social Sciences, 8(2).
- Galabuzi, C., Agea, J., Fungo, B. and Kamoga, R., 2010. Traditional medicine as an alternative form of health care system: a preliminary case study of Nangabo subcounty, central Uganda. African Journal of Traditional, Complementary and Alternative Medicines, 7(1).
- Gale T. 2005. Spirit Possession: Women and Possession Encyclopedia of Religion
- Gathogo, J. M. 2009. The Reason for studying African religion in post-colonial Africa. Currents in Theology and Mission.
- Geest, S.V.D. and Whyte, S.R., 1989. The charm of medicines: metaphors and metonyms. Medical Anthropology Quarterly.
- Gelfand, M. 1964. Witchdoctor: Traditional Medicine Man of Rhodesia. New York: Fredrick A. Praeger.
- Genise, P., 2002. Usability evaluation: Methods and techniques. Technical Paper. University of Texas.
- George, V.A., 2008. Paths to the divine: ancient and Indian (Vol. 12). CRVP.

- Given S. K., and Lisa M. 2008. Convenience Sample. In *The SAGE Encyclopedia of Qualitative Research Methods*. Thousand Oaks, CA: Sage.
- Gombrich, E.H., 2005. *A little history of the world*. Yale University Press.
- Gooch, J. W., 2011. Germ Theory of Disease. In *Encyclopedic Dictionary of Polymers*. Springer New York.
- Good, C. M. 1987. *Ethnomedical systems in Africa: patterns of traditional medicine in rural and urban Kenya*. Kenya. The Guildford Press
- Graham-Pole, J., 2000. *Illness and the art of creative self-expression: Stories and exercises from the arts for those with chronic illness*. New Harbinger Publications Incorporated.
- Green, E.C., 1999. *Indigenous theories of contagious disease*. Rowman Altamira.
- Grimshaw, C. 1996. What is the link between art and science? *Connection! Art, USA, World Book Inc*. 30.
- Grubben, G.J. ed., 2004. *Plant resources of tropical Africa*.
- Gruca, M., van Andel, T. R., and Balslev, H. 2014. Ritual uses of palms in traditional medicine in sub-Saharan Africa: a review. *Journal of ethnobiology and ethnomedicine*, 10(1), 60. Dministration (ODA) Main Report.
- Guba, E.G., 1981. Criteria for assessing the trustworthiness of naturalistic inquiries. *Ectj*, 29(2),
- Guerrero-Castañeda, R.F., Menezes, T.M.D.O. and Ojeda-Vargas, M., 2017. Characteristics of the phenomenological interview in nursing research. *Revista gaucha de enfermagem*, 38(2).
- Guiley, R. 2010. *The Encyclopedia of Witches, Witchcraft and Wicca*. Facts on File. ISBN 0-8160-7103-9
- Gumede, M.V., 1990. *Traditional healers: a medical practitioner's perspective*. Skotaville.
- Gyasi, R. M., Asante, F., Abass, K., Yeboah, J. Y., Adu-Gyamfi, S., & Amoah, P. A. 2016. Do health beliefs explain traditional medical therapies utilisation? Evidence from Ghana. *Cogent Social Sciences*, 2(1), 1209995.
- Gyasi, R.M., Mensah, C.M., Osei-Wusu Adjei, P. and Agyemang, S., 2011. Public perceptions of the role of traditional medicine in the health care delivery system in Ghana.

- Gyekye, K. 1996. African cultural values: An introduction, Accra: Sankofa Publishing Company.
- Hahn, R., 1995. *Sickness and Healing: An Anthropological Perspective*. New Haven: Yale University Press.
- Hall, J. R., Grindstaff, L., and Lo, M. C. (Eds.). 2010. *Handbook of cultural sociology*. Routledge.
- Harger, R.N., MS LIS, N.E., Naheed, M.D., Costa, P.N.P. and McDonough, E., 2013. *Improving Cultural Approaches to Pediatric Palliative Care in Central Massachusetts*.
- Hassim A, Heywood M, Berger J. Not Dated. *Health and Democracy*. (accessed from <http://www.alp.org.za>)
- Hathorn, K. and Nanda, U., 2008. A guide to evidence-based art Health Care In Trinidad. *BMC Complementary and Alternative Medicine*, vol. 7, no. 4. Thesis presented to Department of Sociology and Equity Studies in Education. Ontario Institute for Studies in Education, University of Toronto.
- Hedberg, I., Hedberg, O.; Madati, P.J.; Mshigeni, K.E.; Mshiu, E.N.; Samuelson, G., 1983. Inventory of plants used in traditional medicine in Tanzania. 2. Plants of the families Dilleniaceae - Opiliaceae. *J. Ethnopharmacology*, 9, 105 - 128.
- Hedberg, I.; Hedberg, O.; Madati, P.J.; Mshigeni, K.E.; Mshiu, E.N.; Samuelson, G. 1982. Inventory of plants used in traditional medicine in Tanzania. 1. Plants of the families Acanthaceae - Cucurbitaceae. *J. Ethnopharmacology*, 6, 29 - 60.
- Heindel, L.E., 1971, March. Integer arithmetic algorithms for polynomial real zero determination. In *Proceedings of the second ACM symposium on Symbolic and algebraic manipulation* (pp. 415-426). ACM.
- Helwig, D. 2005. *Traditional Africa Medicine*, Gale Encyclopaedia of Alternative Medicine.
- Henderson, R. 2014. *Holistic Madicine*. <https://patient.info/doctor/holistic-medicine>. Retrieved 17th May, 2017
- Henning, E., Van Rensburg, W. and Smit, B., 2004. *Finding your way in qualitative research*.
- Hewson, M.G., 1998. Traditional healers in southern Africa. *Annals of Internal Medicine*, 128(12_Part_1), pp.1029-1034.

- Hobbs, V. 1999. The Function of a 'Fetish' Figure.
<http://www.vam.ac.uk/content/journals/conservation-journal/issue-31/the-function-of-a-fetish-figure/function-of-a-fetish-figure/>. Retrieved 17th May, 2017
- Hofstede, G. 2001. Culture's consequences: Comparing values, behaviours, institutions, and organizations across nations, Thousand Oaks, CA: SAGE.
- Homsy, J., King, R., Balaba, D., Kabatesi, D. 2004. Traditional health practitioners are key to scaling up comprehensive care for HIV/AIDS in sub-Saharan Africa. *AIDS*. 18:1723 - 1725.
- Hudson, L.A. and Ozanne, J.L., 1988. Alternative ways of seeking knowledge in consumer research. *Journal of consumer research*, 14(4), pp.508-521.
- Idowu, E.B., 1973. African traditional religion: A definition. Orbis Books.
- Imenda, S., 2014. Is there a conceptual difference between theoretical and conceptual frameworks?. *Journal of Social Sciences*, 38(2).
- Imtiaz I. A. 2012. Role of Traditional Medicine in Human Society
<http://www.medicalreference.net/2011/08/role-of-traditional-medicine-in-human.html> (Retrieved 17th March, 2017)
- Insoll, T., 2011. Introduction. Shrines, substances and medicine in sub-Saharan Africa: Archaeological, anthropological, and historical perspectives. *Anthropology & medicine*, 18(2), pp.145-166.
- Jabareen, Y., 2009. Building a conceptual framework: philosophy, definitions, and procedure. *International journal of qualitative methods*, 8(4), pp.49-62.
- Jager, K. A. 2005. Is traditional medicine better off 25 years later? Perspective paper. *Journal of Ethnopharmacology* 100, 3-4.
- Jaggi O P, 1973. Folk Medicine, Vol III, (Atmaram and Sons, Delhi),.
- Jimoh, S. O., Ikyaagba, E. T., Alarape, A. A., Obioha, E. E. and Adeyemi, A. A. 2012. The Role of Traditional Laws and Taboos in Wildlife Conservation in the Oban Hill Sector of Cross River National Park (CRNP), Nigeria. Retrieved from www.researchgate.net/. The Role of Traditional Laws and Taboos in. Retrieved on 29/8/ 2017.
- Jung, C.G., 1964. Approaching the unconscious. *Man and his symbols*, pp.1-94.

- Kaelin, A. 2013. *Magical Healing: How to Use Your Mind to Heal Yourself and Others* Paperback. <https://www.amazon.ae/Magical-Healing-Your-YourselfOthers/dp/0615739938>
- Kaplan, B. and Maxwell, J.A., 1994. *Evaluating health care information systems: Methods and applications. Qualitative Research Methods for Evaluating Computer Information Systems.* JG Anderson, CE Ayden and SJ Jay. Thousand Oaks, Sage.
- Maitland-Gholson, J and Keifer-Boyd, K. 2000. *Expose, Explode, Empower: Visual Culture Explorations in Art Education.* Davis Publication.
- Kendie, S. D and Guri Y. B. 2004. *Culture and Development Occasional, Paper No.1, Traditional Institution, University of Cape Coast.* Kendra, C. 2018. *Benefits of Positive Thinking for Body and Mind* Kennick, W.E., 1979. *Art and philosophy: readings in aesthetics.*
- Kiteme, K., 1976. *Traditional African Medicine. Medical Anthropology*, pp.413-417.
- Kleinman A, Eisenberg L, Good B. 1978. *Culture, illness and care: clinical lessons from anthropologic and cross-cultural research. Ann Intern Med.*; 88:251
- Klinghardt D. *The five levels of healing. Explore.* 2005;14:1–5
- Kofi-Tsekpo M. 2004. *Institutionalization of African traditional medicine in health care systems in Africa. African Journal of Health Sciences .11(1-2).*
- Kokwaro, J.O., 1976. *Medicinal plants of east Africa.*
- Koltko-River M. E. 2004. *The psychology of worldviews. Review of General Psychology*, 8(1), 3.
- Konrad, F. 1952. *Art and industry*, New York: Sterling Publishing.
- Kumekpor, T. K.B. 2002. *Research methods and techniques of social research*, Accra, Ghana: Son Life Press
- Koranteng-Green, 2018. *The Multiplicity of Ahonhom (Spirits) in the Akan Spiritual Cosmology* An International Peer-reviewed Journal Vol.39

- Okpako, D.T., 1999. Traditional African medicine: theory and pharmacology explored. Trends in pharmacological sciences, 20(12), pp.482-485.
- Kroeber, A.L. and Kluckhohn, C., 1952. Culture a Critical Review of Concepts and Definitions. Papers of the Peabody Museum of American Archaeology And Ethnology-Harvard University, 47(1), pp.3-217.
- Kumekpor, K. B. 2002. Research Methods & Techniques of Social Research. Ghana: Sonlife Printing Press and Service.
- Kusi-Bempah, M. 2011. Spatial Analysis of the Use of TRM in Urban Areas of Ghana: A Case Study of Kumasi Metropolis. MPhil Thesis submitted to the Department of Geography and Rural Development, KNUST, Kumasi, Ghana.
- Kwakye-Opong, R. 2008. Clothing and Identity: Ga Deities and Spiritual Responsibilities. School of Performing Arts, Department of Theatre, University of Ghana, Legon, Accra Ghana.
- Kwapong, N.A., 2018. Bamboo for land restoration in Ghana. FAO and INBAR.
- Kyeremateng, A.A.Y. 1980. Kingship and Ceremony in Ashanti. K.N.U.S.T Press.
- Labaree, R., 2013. Organizing your social sciences research paper. Available in: <http://libguides.usc.edu/content.php>.
- Ladzagla, M. A., 1980. Comprehensive Notes on 105 topics. Accra: Baafour Educational Enterprises Ltd
- Lartey, E.Y., 1986. Healing: Tradition and Pentecostalism in Africa today. International Review of Mission, 75(297), pp.75-81.
- Lawal, B., 2012. Board dynamics and corporate performance: review of literature, and empirical challenges. International Journal of Economics and Finance, 4(1), pp.22-35.
- Lawal O. A, Banjo A. D. 2007. Survey for the Usage of Arthropods in Traditional Medicine in Southwest Nigeria' Journal of Entomology. 4(2):104–112.
- Lederach, J. P. 1995. Preparing for peace: Conflict transformation across cultures. New York: Syracuse University Press.
- Leedy, P. D. and Ormrod, J. E. 2010. Practical Research Planning and Design (9th ed.). New Jersey, U.S.A: Pearson Education.
- Leedy, P. D. and Ormrod, J. E. 2005. Practical Research Planning and Design (8th ed.) New Jersey, U.S.A: Pearson Education.

- Lekotjolo N. 2009. Wits Starts Training of first 100 Sangomas this Year' The Times. Jul 15;:8.
- Lincoln, Y.S. and Denzin, N.K. eds., 2003. Turning points in qualitative research: Tying knots in a handkerchief. Rowman Altamira.
- Lindemann, Mary 2010. Medicine and Society in Early Modern Europe. University Printing House. p. 13. ISBN 978-0-521-27205-6
- Lindorf T. R. & Taylor B. C. 2002. Qualitative Communication Research Methods. 2nd edn. Thousand Oaks, CA: Sage
- Lindsay, J. 2005. Encyclopaedia of religion. New York, NY: Macmillan.
- Littlejohn, Stephen W and Karen A. Floss. 2009. Encyclopedia of Communication Theory. USA: SAGE. 654
- Liu, Z.W., 1994. Evaluation of traditional Chinese medicinal baths remedy. Journal of Zhejiang Traditional Medicine 29, 132–133.
- Louis, C., Keith, M. and Lawrence, M., 2000. Research methods in education 5th edition.
- Lozano, F., 2014. Basic theories of traditional Chinese medicine. In Acupuncture for Pain Management (pp. 13-43). Springer, New York, NY.
- MacClancy, J., 1997. Anthropology, art and contest. See MacClancy, pp.1-25.
- Mafimisebi T.E, Oguntade, E.A. 2010. Preparation and use of plant medicines for farmers' health in Southwest Nigeria: sociocultural, magico-religious and economic aspects. J Ethnobi Ethnomed; 6 (1):1-9.
- Makhubu L. P. 1978. The Traditional Healer. Swaziland: The University of Botswana and Swaziland Press, Kwaluseni.
- Makinde M. A. 1988. African Philosophy, Culture, and Traditional Medicine. Center for International Studies, Ohio University,
- Mander M, Ntuli L, Diedericks N, Mavundla K 2007. South Africa's traditional medicines industry. Department of Trade and Industry, South Africa. 2007. South Africa's traditional medicines industry. Department of Trade and Industry, South Africa.

- Mander, J., Quinn, N. W. and Mander, M. 1997. Trade in Wildlife Medicinal in South Africa. Investigational Report Number 157. Institute of Natural Resources, Pietermaritzburg, South Africa.
- Manuh, T. and Sutherland-Addy, E. eds., 2014. Africa in contemporary perspective: a textbook for undergraduate students. Sub-Saharan Publishers.
- Mara, Y. R. 2017. The meaning of the Cowrie Shell. Rouxmia Bougas
- Marshall, N.T. 1998. Searching for a Cure: Conservation of Medicinal Wildlife Resources in East and Southern Africa.
- Douglas, M. 1970. Natural Symbol, Explorations in Cosmology. New York : Pantheon Book, pp.21
- Mathai, J. and North, A., 2003. Spiritual history of parents of children attending a child and adolescent mental health service. Australasian psychiatry, 11(2), pp.172-174.
- May, C. and Mead, N., 1999. Patient-centredness. General practice and ethics: Uncertainty and responsibility, p.62.
- Mbiti, J., 1969. African philosophy and religion. Nairobi: African Educational Publishers.
- Mbiti J. S. 1975. Introduction to African Religion. Heinemann London Ibadan Nairobi
- Mbiti, J. S. 1990. African Religion & Philosophy. New Hampshire: Heinemann Educational Books Inc.
- Mbiti, J.S., 1989. God, sin and salvation in African religion. Journal of the Interdenominational Theological Center, 16(1-2), pp.59-68.
- McCaskie, T.C., 1975. Interviews with IK Agyeman.
- McLaughlin, L.A. and Braun, K.L., 1998. Asian and Pacific Islander cultural values: considerations for health care decision making. Health & social work, 23(2), pp.116-126.
- McLeod, J., 2013. Beginning postcolonialism. Oxford University Press.
- McLeod, M. D. 1981. The Ashanti, British Museum Publication Ltd.
- McClellan, R., 2000. The healing forces of music: History, theory, and practice. iUniverse.
- Mensah, C. M. 2008. Accessibility to and Utilisation of Primary Health care in Ga, Dangme East and Dangme West Districts of the Greater Accra Region. Presented at the Seventeenth (17th) Intra-college Seminar, CASS, KNUST.

- Mensah, C.M. and Gyasi, R.M., 2012. Use of herbal medicine in the management of malaria in the urban-periphery, Ghana.
- Merriam, S., & Muhamad, M. 2011. How Modern-Day Traditional Healers Diagnose and Treat Cancer: The Case of Malaysia1.
- Mettle-Nunoo E. A. (Jnr) 1990. West African Traditional Religion
- Mhame, P. P, Busia K, Kasilo O. M. J.2010. Clinical Practices of African Traditional Medicine. The African health monitor. Special Issue 14. Decade of African Traditional Medicine, 2001 2010
- Michael, M.E. 2017 African gods as potent forces in the efficacy of Traditional Medicine. https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=into+African+gods+as+potent+forces+in+the+efficacy+of+traditional+medicine+Mokwenye+%282017%29+&btnG (Retrieved 1th March, 2018)
- Middleton, J., 1954. Some social aspects of Lugbara myth. Africa, 24(3), pp.189-199.
- Miles, MB & Huberman, AM 1994, Qualitative data analysis: an expanded sourcebook (2nd ed.), Thousand Oaks: Sage
- Mills, Edward; Cooper, Curtis; Seely, Dugald; Kanfer, Izzy (2005). "African herbal medicines in the treatment of HIV: Hypoxis and Sutherlandia. An overview of evidence and pharmacology". Nutrition Journal. 4: 19.
- Ministry of Health 2005. A national strategic plan for traditional and alternative medicine development in Ghana 2005-2009. Accra: MoH Publication.
- Miro, S. 2014. The Gypsy's Tricks for Spiritual Cleansing and Protection: Limpia with an Egg <https://shaheenmiroinsights.com/the-gypsys-tricks-for-spiritual-cleansinghttps://shaheenmiroinsights.com/the-gypsys-tricks-for-spiritual-cleansing-and-protection-limpia-or-cleansing-with-an-egg/and-protection-limpia-or-cleansing-with-an-egg/> (Retrieved 17th March, 2017)
- Mohajan, H. K. 2017. Two Criteria for Good Measurements in Research: Validity and Reliability. Annals of Spiru Haret University Economic Series, 17(3), 58–82.
- Moriarty, J. 2011, Qualitative methods overview (SSCR methods reviews), National Institute for Health Research School for Social Care, London

- Monteiro, N.M. and Wall, D.J., 2011. African dance as healing modality throughout the diaspora: The use of ritual and movement to work through trauma. *The Journal of Pan African Studies*, 4(6), pp.234-252.
- Mouton, J., 1996. *Understanding social research*. Van Schaik Publishers.
- Mukuka, G. S. 2010. *Indigenous knowledge systems and intellectual property laws in South Africa* (Doctoral dissertation).
- Nachmias, FC and Nachmias, D. 1992, *Research Methods in Social Sciences* (4th ed.), J. W. Arrow Smith Ltd, United Kingdom, Bristol
- Ngangah, I., 2013. *The Epistemology of Symbols in African Medicine*. *Open Journal of Philosophy*, 3(01), p.117.
- Ngubane, S.E., 1987. *The Tembe Dialect* (Doctoral dissertation, University of Zululand). Nketia, J.H.K., 1964. *African Music in Ghana*: Accra and London.
- Nketia, J.H. Kwabena. 1963. *Drumming in Akan Communities of Ghana*. Edinburgh, Thomas Nelson & Sons.
- North DC (1990). *Institutions, Institutional Change and Economic Performance*, Cambridge University Press, Cambridge, UK
- Nortey, S., 2009. *The H] M] W] festival in Accra: its artistic and other cultural aspects* (Doctoral dissertation).
- Northrup C. 2016. 10 Health Reasons to Start Drumming: The Health Benefits of Beating Your Own Drum. <https://www.drnorthrup.com/health-benefits-drumming/>
- Noy, C., 2008. Sampling knowledge: The hermeneutics of snowball sampling in qualitative research. *International Journal of social research methodology*, 11(4), pp.327-344.
- Nrenzah, G., 2015. *Modernizing indigenous priesthood and revitalizing old shrines: Current developments on Ghana's religious landscape*. Unpublished doctoral thesis, University of Bayreuth, Germany.
- Ntiamoa-Baidu, Y., 1995. *Indigenous vs. introduced biodiversity conservation strategies: the case of protected area systems in Ghana*. Biodiversity Support Program.
- Nuttall, D., 1998. Witch and Priest Juxtaposed: Two Figures from Irish Traditional. *Folklore: Electronic Journal of Folklore*, (9), pp.34-40.

- Nzewi, M., 2002, March. Backcloth to music and healing in traditional African society. In *Voices: A world forum for music therapy* (Vol. 2, No. 2).
- Nzewi, M. and Nzewi, O., 2007. *A Contemporary Study of Musical Arts: The stem: growth* (Vol. 2). African Minds.
- Obinna C. 2009. Review of African Traditional Medicine, Roots and Rooted. Sunday August. <http://www.rootsandrooted.org/?p=986>
- Obinna, E., 2012. 'Life is a superior to wealth?: Indigenous healers in an African community, Amariri, Nigeria', in A. Afe, E. Chitando & B. Bateye (eds.), *African traditions in the study of religion in Africa*. pp.137–139, Farnham, Ashgate.
- Obomsawin, R., 2007. Traditional medicine for Canada's first peoples. National Aboriginal Health Organization. Retrieved December, 3, p.2009.
- Odugbemi, T. ed., 2008. *A textbook of medicinal plants from Nigeria*. Tolu Odugbemi.Ojua T. A., Gever D. & Ndom P. J. 2007. *African Cultural*
- Oguamanam, C., 2006. *International law and indigenous knowledge: intellectual property, plant biodiversity, and traditional medicine*. University of Toronto Press.
- Ogundele, S.O., 2007. Aspects of indigenous medicine in South Western Nigeria. *Studies on Ethno-Medicine*, 1(2), pp.127-133.
- Ojua, T., Ishor, D. and Ndom, P., 2013. African cultural practices and health implications for Nigeria rural development. *International review of management and business research*, 2(1).
- Okello E, Neema S. 2007. Explanatory models and help seeking behaviour: pathways to psychiatric care among patients admitted for depression in Mulago Hospital, Kampala, Uganda. *Qual Health Res.*; 17:14–25
- Okigbo R. N., Mmekaka E. C. 2006. An Appraisal of Phytomedicine in Africa' *KMITL Science and Technology Journal*; 6(2):83–94.
- Okunlola, A., Adewoyin, B.A. and Odeku, O.A., 2007. Evaluation of pharmaceutical and microbial qualities of some herbal medicinal products in south western Nigeria. *Tropical Journal of Pharmaceutical Research*, 6(1), pp.661-670.

- Olagunju OS. 2012. The traditional healing systems among the Yoruba. Arch Sci J; 1(2):614
- Oliver Bever, B. E. P. 1987. Medicinal Plants in Tropical West Africa. Cambridge, Cambridge University Press
- Oliver-Bever B. 1960. Medicinal Plants in Nigeria, Nigerian College of Arts, Science and Technology,.
- O'Neil, D. 2006. Explanations of Illness.
https://www2.palomar.edu/anthro/medical/med_1.htm
- Onwuanibe, R. C. 1979. The philosophy of African medical practice. Issue, 9(03), 25-28.
- Onyinah, O., 2002. Akan Witchcraft and the Concept of Exorcism in the Church of Pentecost (Doctoral dissertation, University of Birmingham).
- Opoku, A. A. 1979. Festivals of Ghana, Accra: Ghana Publishing Corporation,
- Opoku, K. A. 1978. West African Traditional Religion (Lagos: FEP International Private Limited)
- Oppong, J. R. 2003. Medical Geography of Sub-Saharan Africa. In Aryeetey-Attoh (ed). Geography of Sub-Saharan Africa. 2nd ed, Prentice Hall, Upper Saddle River
- Osei, J. 2006. The Value of African Taboos for Biodiversity and Sustainable Development. Journal of Sustainable Development in Africa 8(3): 42–61.
- Osei-Agyemang (unpublished) Art and Mystical Medicine of the Kwahu Culture. Phd Thesis of College of Art Reference Library. Kwame Nkrumah University of Science and Technology.
- Osei, Joseph. (n.d). “Traditional taboos and development: Insights from a philosophical Analysis of Akan and Ewe taboo.” Retrieved from <http://www.rootsandrooted.org/?p=378> accessed on 10-8-2018.
- Osuola, E. C. 2005. Introduction to Research Methodology 3rd edition, Ghana: Africana First Publishers Limited.
- Owusu-Ansah, D., 1983. Islamic influence in a forest kingdom: the role of protective amulets in early 19th century Asante. Transafrican Journal of History, 12, pp.100-133.
- Olupona, J.K., 2014. African religions: a very short introduction (Vol. 377). Oxford University Press.

- Onongha, K.O., 2017. African Pentecostalism and Its Relationship to Witchcraft Beliefs and Accusations: Biblical Responses to a Pernicious Problem Confronting the Adventist Church in Africa. *Journal of Adventist Mission Studies*, 13(1), pp.4554.
- Opoku, A.M., 1964. Thoughts from the School of Music and Drama| Institute of African Studies University of Ghana.
- Owusu-Boakye, M., 2012. The arts of the Kofi-Oo-Kofi Cult (Doctoral dissertation).
- Parish, J., 2003. Antiwitchcraft shrines among the Akan: possession and the gathering of knowledge. *African Studies Review*, 46(3), pp.17-34.
- Parish, J. 2013. Chasing Celebrity: Akan Witchcraft and New York City. *Ethnos*, 78(2), pp.280-300.
- Patwardhan, B., & Partwardhan, A. 2005. Traditional Medicine: Modern Approach for affordable global health.). *Traditional Medicine: Modern Approach for affordable global health*.
- Peek, P. M. 1991. African Divination Systems: Ways of Knowing. page 2. Indiana University Press.
- Phylis, D. B. 2017. Charms, Cures, and Herbal Remedies from Ancestral of Granny Women
- Polit-O'Hara D, Beck CT. 2006. Essentials of nursing research: Methods, appraisal, and utilization. 1. Lippincott Williams Wilkins.
- Posner, R.A. and Rasmusen, E.B., 1999. Creating and enforcing norms, with special reference to sanctions. *International Review of law and economics*, 19(3)
- Poupiel, F 2014, Writing A Research Project Work or Thesis, a Step-by-Step Approach, GILLBT Press, Tamale, Ghana
- Prance G.T. 1994. Introduction. In: Prance GT, Chadwick DJ, Marsh J. (Eds.), *Ethnobotany and the Search for New Drugs*. Ciba Foundation Symposium 185. John, Wiley and Sons, Chichester, England, pp. 57–90.).
- Pretorius E. 1999. Traditional Healers. Chapter 18. *South African Health Review*. Available on the web: <http://legacy.hst.org.za/sahr/99/chap18.htm> (accessed: 10 September 2017).

- Pyne, S., 2009. Implications for the use of Indigenous Arts in the Therapeutic Practices of Traditional Priests and Priestesses of Asante Ghana.
- Rai, V. 2018. Right kind of vessels can actually make you healthier. Vasudha Rai <https://www.vogue.in/content/cooking-in-the-right-kind-of-vessels> <https://www.vogue.in/content/cooking-in-the-right-kind-of-vessels-can-actually-make-you-healthier>
- Rathor, A. 2018. [Is there any science behind temple bells?](https://www.quora.com/Is-there-any-science-behind-temple-bells?) <https://www.quora.com/Is-there-any-science-behind-temple-bells?>
- Rattray, R.S. 1923. Ashanti, New York: Negro University Press.
- Richards, A.I., 1956. Chisungu: a girls' initiation ceremony among the Bemba of Northern Rhodesia (Vol. 3). Faber & Faber.
- Rooney, D. 1988. Kwame Nkrumah, The Political Kingdom on the Third World.
- Ravenhill, P., 1987. The past and future of museology in sub-Saharan Africa. Iccrom newsletter, (13), pp.34-36.
- Regal, B. 2009. Pseudoscience: A Critical Encyclopedia. Greenwood. pp. 55-56. ISBN 978-0-313-35507-3
- Reimer N. A. 1999. Dolls in the healing tradition. <http://dollsforthesoul.net/hDolls.html>
- Rice, J. 2004. Herbs that protect against evil spirits
- Richards, A.I., 1956. Chisungu: a girls' initiation ceremony among the Bemba of Northern Rhodesia (Vol. 3). Faber & Faber.
- Rim-Rukeh, A, Ierhievwie, G, and Agbozu, IE 2013, 'Traditional beliefs and conservation of natural resources: evidences from selected communities in Delta State, Nigeria', International Journal of Biodiversity Conservation, vol. 5, no. 7, pp. 426-432
- Risager, K. 2006. Multilingual Matters, Language and Culture: Global Flows and Local Complexity Languages for intercultural communication and education. UK: Frankfurt.
- Roberts H. 2001. ACCRA: A Way Forward for Mental Health Care in Ghana? Lancet.;357(9271):1859.
- Rose, H. J. 2003. Divination: Introductory and Primitive. In J. H. Selbie, Encyclopaedia of Religion and Ethics, pp. 775-780. London, New York: T & T Clark

- Rosner, F., 1990. Unconventional therapies and Judaism. *Journal of Halacha Contemporary Society*, 19, pp.81-99.
- Rubin, A., & Babbie, E. 2001. *Research methods in social work* (4th ed.). Pacific Grove: Brooks/Cole Publishing Co.
- Santrock, J. W. 2007. *A Topical Approach to Human Life-span Development*, 3rd edn. St. Louis, MO: McGraw-Hill
- Sarfo-Mensah P, and Oduro W. 2007. *Traditional Natural Resources Management Practices and Biodiversity Conservation in Ghana: A Review of Local Concepts and Issues on Change and Sustainability*, <http://www.feem.it/Feem/Pub/Publications/WPapers/default.htm>. (Retrieved 17th March, 2018)
- Sarpong, P., 1971. *The sacred stools of the Akan*. Ghana Pub. Corp. (Pub. Division).
- Sarpong, K.P., 2002, *People differ: An approach to inculturation in evangelism*, SubSahara Publishers, Accra.
- Sarpong, P., 1996. *Libation*. Anansesem Publications.
- Sarpong, P. K. 1974. *Ghana in retrospect: Some aspects of Ghanaian culture*. Tema: Ghana Publishing Corporation
- Sarika, R. 2017. Should You Cook in Earthen Pots? Get Back to the Basics!
<https://food.ndtv.com/food-drinks/should-you-cook-in-earthen-pots-get-backto-the-basics-1697122>
- Sauro, J., 2015. SUPR-Q: a comprehensive measure of the quality of the website user experience. *Journal of usability studies*, 10(2), pp.68-86.
- Schaefer, R.T. and Lamm, R.P., 1997. *Instructor's Resource Manual to Accompany: Sociology: a Brief Introduction*. McGraw-Hill.
- Schalkwyk, J., 2000. *Culture, gender equality and development cooperation*. Note prepared for the Canadian International Development Agency(Cida), Quebec. Online: www.oecd.org/dataoecd/2/9/1896320.pdf (downloaded Nov. 14, 2008).
- Schechner, R., 1995. Transforming theatre departments. *TDR* (1988-), 39(2), pp.7

- Schechner, R., 1988. Performance studies: The broad spectrum approach. TDR (1988-), 32(3).
- Schechner, R., 2002. Teaching performance studies. SIU Press.
- Schieffelin, E.L. and Kurita, H., 1988. The phantom patrol: reconciling native narratives and colonial documents in reconstructing the history of exploration in Papua New Guinea. *The Journal of Pacific History*, 23(1), pp.52-69.
- Schuh, JH and Upcraft, ML 2001, *Assessment Practice in Student Affairs*, Jossey-Bass, San Francisco
- Scott L. C. 2005. *Gods, Goddesses, and Mythology*. New York: Marshall Cavendish. p. 378. ISBN 978-0-7614-7559-0.
- Scudder, T.; Conelly, T. 1985. *Management Systems for Riverine Fisheries*. IDA report
- Sellgren, J. 1991. *Centre for Population and Labor Related Issues. Research Method*. USA: Green Haven Publication
- Senah, K. 1997. Traditional and modern health care practices. In F. Agbodeka (Ed.), *A Handbook of Eweland: The Ewes of southeastern Ghana*. Accra: Woeli Publishing Services
- Senah, K., Akor, S., & Mensah, E. N. 2001. A baseline study into traditional medicine practice in Ghana. Accra: MOH/DANIDA.
- Senah, K., Adusei, K., Akor, S., Mensah, E. N. and Agyentutu, N. O. 2001. A baseline study into traditional medicine practice in Ghana. MOH/DANIDA Project.
- Shaikh, B.T. and Hatcher, J., 2005. Complementary and alternative medicine in Pakistan: prospects and limitations. *Evidence-Based Complementary and Alternative Medicine*.
- Shankar, G. H. 2007. Art of Seeing. http://www.naturelyrics.com/pages/articles/art_of_seeing.html. (Retrieved 12th May, 2018)
- Shankar, R., Lavekar, G. S., Deb, S., and Sharma, B. K. 2012. Traditional healing practice and folk medicines used by Mishong community of North East India. *Journal of Ayurveda and integrative medicine*, 3(3), 124.
- Shankar, A., Teppala, S. and Sabanayagam, C., 2012. Urinary bisphenol a levels and measures of obesity: results from the national health and nutrition examination survey 2003–2008. *ISRN endocrinology*, 2012.

- Sharma, R. 2017. Benefits of Ringing Bells in Temples and House During Prayers
- Sharma, R. 2013. Spiritual side of metals and gemstones.
<https://www.speakingtree.in/allslides/spiritual-side-of-metals-and-gemstones>
- Shastri, CM, Bhat DM, Nagaraja BC, Murali KS, and Ravindranath, NH 2002, 'Tree species diversity in a village ecosystem in Uttara Kannada District in Western Ghats, Karnataka', Current Science, vol. 82, pp. 1080–1084
- Shneiderman, S.B. and Plaisant, C., 2005. Designing the user interface 4 th edition. ed: Pearson Addison Wesley, USA.
- Shaw, T. 2008. Nigeria, Its Archaeology and Medicine and early History. London: thames and Hudson
- Siegel, B.S. 1986. Love, medicine & miracles. New York, NY: Harper & Row.
- Silva, E. B. 2006. Distinction through visual art. Cultural trends, 15(2-3), 141-158
- Sinclair, J.R., Tuke, L. and Opiang, M., 2010. What the locals know: comparing traditional and scientific knowledge of megapodes in Melanesia. Ethno.
- Singer, M. B. 1972. When a Great Tradition Modernizes: An Anthropological Approach to Indian Civilization. New York: Praeger
- Sirois, F.M. and Purc-Stephenson, R.J., 2008. Personality and consultations with complementary and alternative medicine practitioners: a five-factor model investigation of the degree of use and motives. The journal of alternative and complementary medicine, 14(9), pp.1151-1158.
- Sirois, F.M., 2008. Motivations for consulting complementary and alternative medicine practitioners: a comparison of consumers from 1997–8 and 2005. BMC Complementary and alternative Medicine, 8(1), p.16.
- Smith E. W. and Dale A. M. 1920. The Ila-Speaking Peoples of Northern Rhodesia. 1920, London: Macmillan and Co, 1
- Smith J. A. and Osborn M. 2007. Interpretative Phenomenological Analysis
http://med-research.sites.olt.ubc.ca/files/2012/03/IPA_Smith_Osborne21632.pdf
http://med-research.sites.olt.ubc.ca/files/2012/03/IPA_Smith_Osborne21632.pdf

ites.olt.ubc.ca/files/2012/03/IPA_Smith_Osborne21632.pdf. (Retrieved 12th March, 2018)

Smith, R.A. and Simpson, A. eds., 1991. Aesthetics and arts education. University of Illinois Press.

Sofowora A. 2008. Medicinal Plants and Traditional Medicine in Africa. Edn 3, Spectrum Books Ltd, Ibadan, Nigeria.

Sofowora, A., 1993. Recent trends in research into African medicinal plants. Journal of ethnopharmacology, 38(2-3), pp.197-208.

Sofowora, A., 1982. Medicinal Plants and Traditional Medicine in Africa. 1st Edn., John Wiley and Sons, Chichester, New York, ISBN-10: 0471103675.

Staff, G. 2014. Energy Cleanse: Ritual Baths to Purify Your Aura. <https://www.gaia.com/article/energy-cleanse-ritual-baths-purify-your-aura>. (Retrieved 2th March, 2018)

Staricoff, R., Lopper, S. 2003. Integrating the Arts into Health Care: can we affect clinical outcomes? In D. Kirklin and R. Richardson, (Eds.), The Healing Environment: Without and Within, (London: Royal College of Physicians)

Staricoff, R.L., 2004. Arts in health: a review of the medical literature.

Staugård, F., 1985. Traditional healers (Vol. 1). Ipelegeng Publishers.

Stephanie, G. 2014 Probability and Statistics Topic Index. <https://www.statisticshowto.datasciencecentral.com/probability-and-statistics/>

Storey, J. 2001. Cultural theory and popular culture: An introduction 3rd edn. London, New York: Prentice Hall.

Stuckey, H.L. and Nobel, J., 2010. The connection between art, healing, and public health: A review of current literature. American journal of public health, 100(2).

Sutton, J. and Austin, Z., 2015. Qualitative research: Data collection, analysis, and management. The Canadian journal of hospital pharmacy, 68(3).

Sewell, R. 2008. Holism – remembering what it is to be human. Complement Ther Clin Pract.;14:75–76.

Swierzewski, S.J., M.D. 2009. What Is an Herbalist.

Taylor M. E. 2018. This African tribe from Togo and Benin were experts in penis enlargement way before plastic surgery

- Theta, 1998. Participatory Evaluation Report. Kampala: Theta. Thompson, B. Not Dated. Rituals of Healing. <https://africa.uima.uiowa.edu/chapters/arts-of-healing/rituals-of-healing/>
- Thorne S. 2000. Data analysis in qualitative research. <https://ebn.bmj.com/content/3/3/68>
- Thorpe, S. A. (1993). African traditional religions, Pretoria, ZA: University of South Africa, Pretoria
- Toby, C. 2018. Cowrie Shell Reading- Powerful and Ancient Divination!! <https://www.communityawake.com › cowrie-sh...> (Retrieved 17th March, 2019)
- Toyang, N. J., Wanyama, J., Nuwanyakpa, M., and Django, S. 2007. AD44E 2007 Ethnoveterinary medicine. Agromisa Foundation.
- Trifonas, P.P. ed., 2012. Learning the virtual life: Public pedagogy in a digital world. Routledge.
- Trochim, W. M. K. 2006. Research Methods Knowledge, Base <http://www.socialresearchmethods.net/kb/sampling.php>. Retrieved on 14/09/2018.
- Truter, I. 2007. African traditional healers: Cultural and religious beliefs intertwined in a holistic way. SA Pharmaceutical Journal, 74(8), 56-60.
- Turner, V. 1990. "Are There Universals of Performance in Myth, Ritual, and Drama?" In By Means of Performance: Intercultural Studies of Theatre and Ritual, ed. R. Schechner and W. Appel. Cambridge, UK: Cambridge University Press.
- Twumasi P.A. and Bonsi S.K. 1975. Developing a health care system in Ghana. J Natl Med Assoc 67,(5) 339-344, 391.
- Twumasi, P. A. 1975. Medical Systems in Ghana: A study in medical sociology. Tema: Ghana Publishing Corporation.
- Twumasi, P. A. 1988. Social Foundations of the Interplay between Traditional and Modern Medical Systems, Ghana Universities Press.
- Twumasi, P.A. 2005. Medical Systems in Ghana: A study in Medical Sociology, Second Edition. Tema: Ghana Publishing Corporation.
- Tylor, E.B., 1871. Primitive culture: researches into the development of mythology, philosophy, religion, art, and custom (Vol. 2). J. Murray.

- Ubani, L.U., 2011. Preventive Therapy in Complimentary Medicine. Xlibris Corporation.
- Essays, U.K., 2013. Merrygold health network (HLFPPT) health and social care essay.
- UNESCO, 2013. Intergovernmental Committee for the Safeguarding of the Intangible Cultural Heritage: Decisions, Available at: <http://www.unesco.org/culture/ich/index.php?pg=00473>. (Retrieved 17th September, 2018)
- United Nations Development Programme. 2007. Towards a more inclusive society (Ghana Human Development Report 2007). The United Nations Development Programme, Ghana Office.
- Van Dijk, R.A., 2002, 'Religion, reciprocity and restructuring family responsibility in the Ghanaian Pentecostal diaspora', in D.F. Bryceson & U. Vuorela (eds.), The transnational family: New European frontiers and global networks, pp. 182-190, Berg, Oxford.
- Van der Geest, S. (1997). Is there a role for traditional medicine in basic health services in Africa? A plea for a community perspective. Tropical Medicine and International Health 2, 903–911
- Van Wyk, Ben-Erik; van Oudtshoorn, Bosch; Gericke, Nigel, 1999. Medicinal Plants of South Africa. Pretoria: Briza Publications. ISBN 978-1-875093-37-3
- Vasudha R. 2018. Cooking in the right kind of vessels can actually make you healthier. <https://www.vogue.in/content/cooking-in-the-right-kind-of-vessels-can-actually-make-you-healthier> (Retrieved 15th March, 2019)
- Vechgel S.V. 2013. In pictures: Tanzania's traditional healers. <https://www.bbc.com/news/world-africa-22263057>
- Verger PF. 1976 The use of plants in Yoruba traditional medicine and its linguistic approach. Seminar paper delivered at a conference on Traditional Medicine in Yoruba land Department of African Languages and Literature, University of Ife, Ile-Ife, Nigeria,.
- WAHO 2008. TM Workshop Report; Situational Analysis of the level of development of Traditional Medicine in the ECOWAS Member States.
- Walker, C.C., 1988. Social drama liminality, and the age of transition: Bennett, Ford, and Chesterton (Doctoral dissertation, University of Texas at Austin).
- Walliman, N., 2017. Research methods: The basics. Routledge.

- Wang, Y., Zhong, G.Z., 2004. Medicinal baths of Zang nationality-regards of snowy altiplate. China Healthcare Nutrition 2, 14–16.
- Weisheit, A. 2003. Traditional medicine practice in the contemporary Uganda. IK Notes, No. 54, World Bank.
- Westerlund, H., 2006. Garage rock bands: a future model for developing musical expertise?. International journal of music education, 24(2).
- White, L. A. and Dillingham, B. 1972. The content of culture: Basic concepts in anthropology. Minneapolis: Burgess Publishing Company.
- White, R., 2015. It's your misfortune and none of my own: A new history of the American West. University of Oklahoma Press.
- Whitehurst, T. 2016, Tess 4 Divination Tools and How to Use Them <https://tesswhitehurst.com/my-4-favorite-divination-tools-and-how-i-use-them/>. (Retrieved 12th March, 2018)
- Witch, 2015. The Five Sacred Liquids for Libation: All you need to know about offerings to the God(s). <https://www.magicalrecipesonline.com/2015/11/the-five-sacred-liquids-for-libation-all-you-need-to-know-about-offerings-to-the-gods-2.html> (Retrieved 17th March, 2018)
- WHO, 1976. African Traditional Medicine. Afro Technical Report series No. 1, World Health Organization, Regional Office for Africa, Brazzaville.
- WHO, 2000. General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine, WHO /EDM/TRM/2000.1, Geneva, Switzerland.
- WHO (World Health Organisation). 2013. The WHO Traditional Medicine Strategy 2014–2023. Geneva: ISBN 978 92 4 150609 0.
- WHO, 2008. Fact sheet N°134, <http://www.who.int/mediacentre/factsheets/2003/fs134/en/>. (Retrieved 10th July, 2018)
- WHO. Antimicrobial Resistance. World Health Organization; 2016. <http://www.who.int/mediacentre/factsheets/fs194/en/> [Google Scholar]

- Williams, C., 2012. The framing of animal cruelty by animal advocacy organizations.
- Wilson, B., 2006. The drumming of traditional Ashanti healing ceremonies. *Pacific review of Ethnomusicology*, 11, pp.1-17.
- Wittendorff, A., 1994. Tyge Brahe.
- Wodah, D., and Asase, A. 2012. Ethnopharmacological use of plants by Sisala traditional healers in northwest Ghana. *Pharmaceutical biology*, 50(7), 807-815.
- World Health Organization 2005. National policy on traditional medicine and regulation of herbal medicines, report of a global survey. WHO Library Cataloguing Publication Data.
- World Health Organization. 2002a. Traditional medicine strategy 2000-2005 (WHO/EDM/TRM/2002.1). Geneva, World Health Organisation.
- World Health Organization. 2002b. Traditional Medicine- Growing Needs and Potential. Geneva: World Health Organisation.
- World Health Organisation, 1999. WHO laboratory manual for the examination of human semen and sperm-cervical mucus interaction. Cambridge university press.
- Worstell R. C. 2019 The Mirror Technique for Releasing the Subconscious. <https://livesensical.com/podcast/magic-of-believing/mirror-technique-releasingsubconscious/>
- Yagbe, A. O. 2015. Magical Calabash. <https://yagbeonilu.com/gourd-calabash-basics/>. (Retrieved 25th March, 2018)
- Yanka, K., 1995. Speaking for the Chief: Okyeame and the polifice of Akan royal oratory.
- Yartey, F. 2013. Dance symbolism in Africa. In T. Manuh & E. Sutherland-Addy (Eds.), *Africa in Contemporary Perspective* (pp. 412-28). Accra: Sub-Saharan Publishers.
- Yawar, A., 2001. Spirituality in medicine: what is to be done?. *Journal of the Royal Society of Medicine*, 94(10), pp.529-533.
- Yeo, A. S., Yeo, J. C., Yeo, C., Lee, C. H., Lim, L. F., and Lee, T. L. 2005. Perceptions of complementary and alternative medicine amongst medical students in Singapore—a survey. *Acupuncture in Medicine*, 23, 19–26.
- Yidana, A. 2014. Socio-Religious Factors Influencing the Increasing Plausibility of Faith Healing in Ghana, Doctoral thesis, Martin Luther University, Germany.

Yin, R. K. 2003. Case study research: Design and methods (3rd ed.). Thousand Oaks, CA: Sage.

Young, J. T. 2007. Disease, Social Causation.
<https://doi.org/10.1002/9781405165518.wbeosd074>. (Retrieved 17th March, 2018)

Zhang, X., & World Health Organization (WHO). 2000. General guidelines for methodologies on research and evaluation of traditional medicine. World Health Organization, 1-71.



APPENDICES

APPENDIX 1

INTRODUCTORY LETTER

DEPARTMENT OF EDUCATIONAL INNOVATIONS IN SCIENCE AND TECHNOLOGY

FACULTY OF ART, COLLEGE OF ART & BUILT ENVIRONMENT KWAME
NKRUMAH UNIVERSITY OF SCIENCE & TECHNOLOGY

Tel (233)03223-98218 University



Post Office

Kumasi - Ghana West African E-

mail: generalart.cass @ knust.edu. gh

Headgeneralart. cass@knust.edu

Ref OAS/S/3

Date: 18th July, 2018

The Chairman

Traditional Medicine Practitioners

Ashanti -Region, Kumasi

Dear Sir,

LETTER OF INTRODUCTION - ABABIO STEPHEN (MR)

Mr. Ababio Stephen is a PhD African Art & Culture student in the above Department of KNUST with a student number PG 5639116.

He is conducting a research on “*Art and Culture in the administration of Traditional Medicine in the Ashanti Region*”

The objective of this study is to project Traditional Medication so that people will fully appreciate and patronize

I would be very grateful if you could provide him with the necessary assistance to collect data for this study.

Yours faithfully,


Dr. Patrick Osei-Poku
HEAD OF DEPARTMENT

APPENDIX 2

SAMPLE INTERVIEW GUIDE

SECTION A

Personal Information

- 1 Name
- 2 Age
- 3 Position/Status
- 4 Educational Background.....

Section B

Identification of the Medical Centres

- 5 What is the name of your centre?
- 6 Why this name?
- 7 Where is it located? (give direction)
- 8 How many years have you been operating?
- 9 How did you encounter the power? Source
- 10 Which day or days do you work? In case of emergency
- 11 Why this day or days?
- 12 What kinds of diseases do you treat?

SECTION C

The Medical Practices

- 13 What preparations do you go through before diagnosing?
- 14 Why these activities or preparation?
- 15 Mention and explain the various methods you diagnose diseases?
- 16 Can you demonstrate?
- 17 How do you treat diseases?
- 18 After healing what are the things you do or the things the patient is supposed to do?
- 19 How do you protect and prevent people from illness or evil attacks?

SECTION D

The Arts that feature in the medicine

- 20 What are the visual Art forms used in the administration process and their uses?
- 21 What are some of the songs you sing during the administration processes?
- 22 Why these songs?
- 23 State the types of dances and their meanings?
- 24 Narrate some dramatic scenes in the administration of the medicine?

SECTION E

Cultural Aspect of the Medicine

- 25 Explain the cultural element displayed in the administration processes
- 26 Explain the religious, political, social, economic and moral aspect of the medicine
- 27 What are the taboos, proverbs and myths that feature in the medicine?

SECTION F

The positive aspect of the medicine

- 28 Why should people patronize in traditional medication?
- 29 Point out the positive aspect of the medicine

