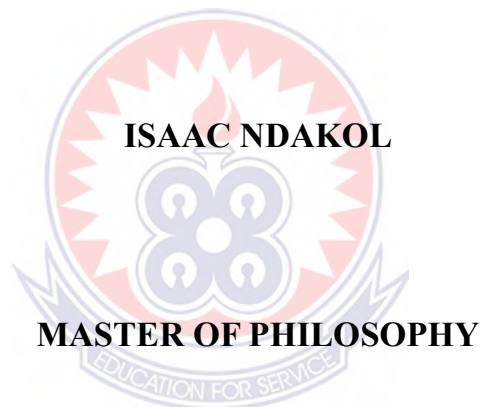


**UNIVERSITY OF EDUCATION, WINNEBA**

**A HISTORICAL STUDY OF KONKOMBA MEDICAL PRACTICES  
SINCE 1957**



**2025**

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**A HISTORICAL STUDY OF KONKOMBA MEDICAL PRACTICES SINCE  
1957**



**A thesis in the Department of History Education, Faculty of  
Social Sciences Education, submitted to the School of  
Graduate Studies in partial fulfillment of the  
requirements for the award of the degree of  
Master of Philosophy  
(History Education)  
at the University of Education, Winneba**

**JULY 2025**

..

## DECLARATION

### Student's Declaration

I, **Isaac Ndakol**, declared that except for references made to other people's work, which have been duly cited, this thesis is the result of my research and has neither in whole nor in part been presented elsewhere.

Signature .....

Date .....

### Supervisors' Declaration

I, with this, declared that the preparation and presentation of this work were supervised by the guidelines for supervision of the thesis as laid down by the University of Education, Winneba.

Name: Professor Akwasi Kwarteng Amoako-Gyampah (Principal Supervisor)

Signature .....

Date .....

Name: Dr Sylvester Gundona (Co-supervisor)

Signature .....

Date .....

## DEDICATION

This work is dedicated to the memory of my beloved mother, Madam Felicia Mbalije. She always urged me to take my education seriously and never stop striving for more. Although she is no longer here to witness this moment, her words still echo in my heart, and her love continues to guide me. May her gentle soul rest in perfect peace.



## ACKNOWLEDGEMENTS

I begin by giving thanks to the Almighty God for His endless grace, protection, and strength throughout my academic journey. It is by His divine favour that I have come this far and completed this work. I want to express my sincere appreciation to the management of the University of Education, Winneba, for creating an environment that enabled me to pursue my academic goals with focus and dedication. I am especially grateful to my parents, Mr. Joshua Uworb Ndakol, and my late mother, Madam Felicia Mbalije. Their sacrifices, prayers, and constant support have been the foundation of my education. To my late mother, whose memory continues to inspire me, I owe a debt that words cannot fully express.

To my supervisors, Professor Akwasi Kwarteng Amoako-Gyampah and Dr. Sylvester Gundona, I extend my deepest gratitude. Their guidance, thoughtful critique, and encouragement throughout this process have been invaluable. They generously took the time to review each chapter and offered constructive feedback that helped to shape and refine this thesis. I also appreciate their willingness to share reading materials and academic articles that were vital to my research. I am also thankful to the Head of Department, Professor Anita Oforiwaa Adu-Boahen, and to all the teaching and non-teaching staff of the Department of History Education. To the lecturers who taught me at both undergraduate and postgraduate levels, I am genuinely grateful. Their mentorship and dedication helped sharpen my ability to think critically and reason logically, skills that have been essential in the writing of this work. To everyone who contributed in one way or another to the successful completion of this thesis, I say a heartfelt thank you.

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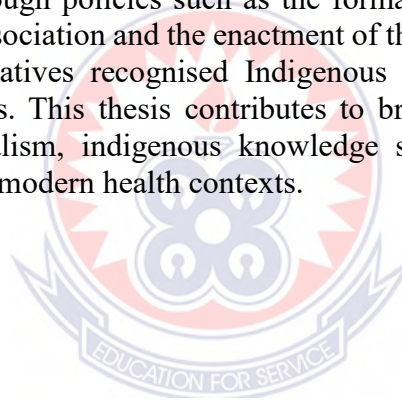
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## ABSTRACT

This thesis examined the historical transformation of traditional medical practices among the Konkomba people of Northern Ghana from the post-independence period to the present. It employs a qualitative research approach, utilising descriptive and narrative strategies to examine how Konkomba healing traditions have adapted to shifting sociopolitical, environmental, and institutional contexts. The study draws on oral testimonies, archival records, and relevant secondary literature, all of which were analysed within a historical interpretive framework. The thesis argued that instead of being displaced by Western biomedicine, Konkomba's traditional healing systems have persisted and adapted through negotiation and selective incorporation. Central to these practices is a holistic worldview that links physical illness to spiritual causality, communal well-being, and cosmological balance. This worldview is expressed through ritual sacrifices, herbal treatments, and the roles of Uwumbor (the Supreme Being), ancestors (tiyajatiib), and local deities (nwa), all of whom remain essential to diagnosis and healing. The savannah environment, rich in medicinal flora, has shaped local pharmacological knowledge and informed therapeutic choices. This close relationship between ecological understanding and spiritual belief underscored the complexity and adaptability of Konkomba medicine. The study also examined state efforts to regulate traditional healing through policies such as the formation of the Ghana Psychic and Traditional Healers Association and the enactment of the Traditional Medicine Practice Act. While these initiatives recognised Indigenous healing, they often introduced institutional constraints. This thesis contributes to broader scholarly discussions on African medical pluralism, indigenous knowledge systems, and the flexibility of traditional practices in modern health contexts.



## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background of study

To attain good health, many societies in different parts of the world used the available medical resources (Western or Indigenous) to treat and cure diseases. African societies, therefore, relied on their environment by utilising plants and animals in developing medical systems, mostly termed Indigenous or Traditional. However, European colonisation of Africa led to the introduction of the Western medical system, especially in the late nineteenth century.<sup>1</sup> This has led to the emergence of two parallel but complementary health delivery systems in Ghana (and many parts of Africa): indigenous and scientific. The scientific health system encompasses medical practices that employ modalities rooted in scientific methodologies and technological advancements for disease diagnosis and treatment.<sup>2</sup> In contrast, the indigenous health system, commonly called "traditional medicine," is often characterised as exploratory.<sup>3</sup>

Patrick A. Twumasi described traditional medical practices as structured institutions with established behaviours, objectives, and communities. This system has no clear distinction between natural and supernatural elements. The approach is holistic,

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<sup>1</sup> Jo Nelson Hays, *The burdens of disease: epidemics and human response in Western history*. Rutgers University Press, 2009; William F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century*. Cambridge University Press, 1994.

<sup>2</sup> John Saunders, "The practice of clinical medicine as an art and as a science." *Medical Humanities* 26, no. 1 (2000): 21; Arthur Kleinman, "What is specific to Western medicine." *Companion encyclopedia of the history of medicine* 1 (1993): 17; Jonathan Roberts, "Sharing the Burden of Sickness: A History of Healing in Accra, Gold Coast, 1677 to 1957." (2015), 468-470; Jonathan Roberts, "Medical Exchange on the Gold Coast during the Seventeenth and Eighteenth Centuries." *Canadian Journal of African Studies/Revue canadienne des études africaines* 45, no. 3 (2011): 480-487

<sup>3</sup> Bham Zaheerah and Eleanor Ross. "Traditional and Western Medicine." *Ethnicity & disease* 15, no. 4 (2005): 550; Fu-Shuang Li and Jing-Ke Weng, "Demystifying traditional herbal medicine with a modern approach." *Nature Plants* 3, no. 8 (2017): 1; Payyappallimana Unnikrishnan, "Role of traditional medicine in primary health care: an overview of perspectives and challenging." *横浜国際社会科学研 究= Yokohama Journal of Social Sciences* 14, no. 6 (2010): 57

incorporating magico-religious rituals and beliefs. In contrast, scientific medicine is grounded in rationality, emphasising the explanation of natural phenomena through cause-and-effect reasoning.<sup>4</sup> Critics contend that its diagnostic and therapeutic approaches may not fully adhere to the exacting standards of scientific rigours.<sup>5</sup> Rather than originating from formalised scientific methodologies, indigenous or traditional medicine in numerous African societies draws its foundations from the accumulated knowledge and observations of skilled healers who consistently achieved commendable outcomes.<sup>6</sup>

In the context of traditional African herbal practices, herbalists, known for their expertise in herbal medicine, primarily utilise herbs and various components of medicinal plants, such as roots, stems, leaves, bark, flowers, fruits, and seeds, for therapeutic purposes.<sup>7</sup> These practitioners may incorporate animal parts, whole or in fragments, and mineral substances like clay or stones into their herbal concoctions. These herbal preparations are available in diverse formats, including powdered forms suitable for internal and external applications, liquid formulations as infusions or decoctions, and pastes and soups, providing versatility in their administration.<sup>8</sup> In these

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<sup>4</sup> P. A. Twumasi, *Medical Systems in Ghana*, (Accra: Ghana Publishing Corporation, 1975), 24.

<sup>5</sup> Wickramasinghe M Bandaranayake. "Quality control, screening, toxicity, and regulation of herbal drugs." *Modern phytomedicine: turning medicinal plants into drugs* (2006): 26; World Health Organization. *The legal status of traditional medicine and complementary*. No. WHO/EDM/TRM/2001.2. World Health Organization, 2001, 11.

<sup>6</sup> Ashu Michael Agbor and Sudeshni Naidoo, "A review of the role of African traditional medicine in the management of oral diseases." *African Journal of Traditional, Complementary and Alternative Medicines* 13, no. 2 (2016): 138; Maboe Gibson Mokgobi, "Views on traditional healing: Implications for integration of traditional healing and Western medicine in South Africa." PhD diss., University of South Africa, 2012, 21; Shamila Suliman Latif, "Integration of African traditional health practitioners and medicine into the health care management system in the province of Limpopo." PhD diss., Stellenbosch: University of Stellenbosch, 2010, 33.

<sup>7</sup> Ajaypal Renuka Rani Singh and Manjul Sharma, "Medicinal herbs of Punjab (India)." In *Biol. Forum*, vol. 10, pp. 10-27. 2018, 11.

<sup>8</sup> Egharevba, Henry Omoregie Jemilat Aliyu Ibrahim et al., "Integrating traditional medicine practice into the formal health care delivery system in the new millennium—the Nigerian approach: a review." *Int J Life Sci* 4, no. 2 (2015), 123.

contexts, the prevailing belief was that ailments may stem from natural and supernatural origins, necessitating a holistic approach that addresses physical and spiritual aspects. This comprehensive approach included practices such as divination, incantations, animal sacrifices, exorcisms, and the use of herbal medicines to treat sicknesses.<sup>9</sup>

Disease outbreaks in many African societies were traditionally attributed to spiritual or divine origins, prompting healers to integrate herbal medicine with spiritual healing practices. The onset of diseases was often construed as the result of divine displeasure.<sup>10</sup> Consequently, indigenous medicine and its adaptive responses were profoundly influenced by ecological factors, notably the distinctive characteristics of rainforest, savannah, and desert landscapes, in conjunction with the prevailing modes of livelihood, encompassing hunting, gathering, cultivation, herding, and urban societies. Each unique ecological setting necessitated diverse therapeutic approaches to address the specific diseases prevalent within it.<sup>11</sup> Despite its proven efficacy, some stigmatise indigenous medicine as being irrational and grounded in “unscientific methods”. One reason for this view of indigenous medical healing is the failure to research, interpret, and document the efficacy of African indigenous healing systems.<sup>12</sup> My research investigates and documents the traditional medical practices among the Konkomba people in Northern Ghana since 1957. Like many African societies, the Konkomba traditional medicine is a holistic healthcare system organised into three specialisms: divination, spiritualism, and herbalism.

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<sup>9</sup> Ezekwesili-Ofili Josephine Ozioma and Okaka Antoinette Nwamaka Chinwe, "Herbal medicines in African traditional medicine." In *Herbal medicine*. IntechOpen, 2019, 191.

<sup>10</sup> Samuel Adu-Gyamfi and Anderson Eugenia. "African Traditional Healing and Biomedicine: A Reconstruction of Colonial and Post-independence Health-Care History under Kwame Nkrumah, 1951–66." *Journal of West African History* 8, no. 1 (2022), 93.

<sup>11</sup> Adu-Gyamfi and Anderson, "African Traditional Healing," 92.

<sup>12</sup> Oliver Kofi Tasin, *A history of konkomba medical culture till 1956*, (M. Phil Thesis, Department of History, University of Cape Coast, 2018), 30.

The Konkomba, originally known as Bikpakpaam are in the area that once comprised the British and French-mandated territories of Northern Togoland. Their settlements are primarily situated along the Oti River and the Oti Plains, extending north and west of the Bassari and Kotokoli hills.<sup>13</sup> While most Konkomba reside in Ghana, they maintain the same cultural and religious practices as those living in Togo.<sup>14</sup> The Konkomba community belongs to the Gur cluster within the Gurma sub-group, with their ancestral lands situated in the Oti-Volta basin.<sup>15</sup> Identifying themselves as Bikpakpaam, the Konkomba speak a language called Likpakpaln. Traditionally, they have led a largely agricultural lifestyle. They are believed to be among the first groups to settle in the Middle Volta basin, an area now part of modern Ghana.<sup>16</sup> In the eighteenth century, increasing pressure from invading ethnic groups such as the Dagomba, Mamprusi, Gonja, Nanumba, and Chakossi (Anoufo) forced the Konkomba to relocate to the Oti River valley.<sup>17</sup> Instead of a system of paramount chieftaincy, they had a non-centralised political system until recent years, when they began to adopt a centralised system of governance from the Mole-Dagbani and other powerful political kingdoms in the northern region of Ghana.<sup>18</sup>

This thesis undertakes a critical historical exploration of the medical practices of the Konkomba people of northern Ghana from 1957 to the present, examining how

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<sup>13</sup> Abraham Kwesi Bisilki and Linda Chinelo Nkamigbo, "A Sociolinguistic and literary analysis of the proverb in Likpakpaln 'Konkomba'." *Journal of Linguistics, Language and Culture* 4, no. 1 (2018): 106

<sup>14</sup> Isaac Limpu Digbun, "A History of the Bassari of Northern Ghana: From the Pre-European Period up to the 1930s" (MPhil Thesis, Department of History, University of Cape Coast, 2015). As cited in Tasin, *A History of Konkomba Medical Culture*, 31.

<sup>15</sup> Joseph Kachim Udimal, "Staying on the margins: Konkomba mobility and belonging in Northern Ghana, 1914-1996." PhD diss., University of the Free State, 2018, 3.

<sup>16</sup> Udimal, *Staying on the Margins*, 3.

<sup>17</sup> David Tait, *The Konkomba of Northern Ghana: Edited from His Published and Unpublished Writings by Jack Goody*. Routledge, 2018, 3.

<sup>18</sup> *Africa Today*, "Konkomba," Africa Today, accessed August 12, 2024, <http://www.ama.africatoday.com.konkomba.ht>

their rich cultural heritage and indigenous healthcare systems have evolved in response to ecological, socio-economic, and political transformations. Rooted in an interdisciplinary framework, the study investigates the ways in which the savannah environment has shaped health-related worldviews and therapeutic approaches among the Konkomba, while also tracing the complex interactions between traditional healing methods and the gradual integration of biomedical practices. It gives particular attention to the intricate belief systems, ritual customs, and spiritual cosmology that inform Konkomba conceptions of illness and wellbeing, demonstrating how these cultural dimensions underpin the flexibility and adaptability of their medical traditions. The thesis further interrogates the impact of post-independence government policies, missionary interventions, and rural health initiatives on indigenous healing institutions, revealing both tensions and synergies between modern healthcare policies and long-standing local practices. Through a combination of archival research and oral testimony, this study contributes to a deeper understanding of the historical continuity and transformation of Konkomba healthcare, offering valuable insights into the broader discourse on medical pluralism, cultural preservation, and the relevance of indigenous knowledge within contemporary health systems in postcolonial African societies.

## **1.2 Statement of the Problem**

Although previous studies, such as those by Oliver Kofi Tassin's *A History of Konkomba Medical Culture till 1956*, have drawn attention to the neglect of Konkomba traditional medicine in historical scholarship, these efforts have primarily focused on documenting its existence and correcting superficial misconceptions. While valuable as a foundational contribution, such work does not sufficiently engage with the historical dynamics, epistemological complexity, or transformative processes that have shaped Konkomba indigenous medical systems over time.

This thesis addresses a critical and underexplored dimension of Konkomba's medical history by examining how their healing practices have evolved in response to post-independence state health policies, ecological shifts, and socio-cultural transformations. Instead of simply describing these practices, the study seeks to interrogate their flexibility, adaptability, and conceptual sophistication within a changing historical and political landscape. Central to this investigation is the view that Konkomba medical knowledge constitutes an epistemological system, one that deserves scholarly analysis not as a relic of the past but as a living, adaptive, and contextually grounded framework for understanding health and healing.

Furthermore, this study situates Konkomba healing practices within broader discourses on indigenous knowledge systems, decolonial historiography, and medical pluralism, thereby departing from earlier descriptive approaches. Focusing on the post-colonial Ghana, this research uncovers how Konkomba healers have preserved core traditions and reconfigured them in dialogue with biomedicine, state interventions, and changing ecological realities. This thesis moves beyond the simple correction of misconceptions. It aims to reframe the scholarly understanding of indigenous medicine by foregrounding the historical agency, intellectual labor, and cultural flexibility embedded in Konkomba healing systems. This work thus, contributes to a more nuanced, historically informed, and epistemologically respectful account of indigenous African medical traditions, challenging dominant paradigms that continue to marginalise such knowledge within academic and policy discourses.

### **1.3 Purpose of the study**

The purpose of this study is to examine the historical transformations in the medical practices of the Konkomba in Postcolonial Ghana.

### **1.4 Objectives of the Study**

The study sought to:

1. explore how the savannah environment shapes Konkomba Medical Practices,
2. examine the beliefs, ritual practices, and medical cosmology of the Konkomba,
3. investigate how post-independence government health policies shaped and conditioned the Konkomba traditional healthcare system since 1957,
4. analyse the influence of Western medicine on Konkomba medical practices in post-colonial era.

### **1.5 Research Questions**

1. How did the savannah environment influence Konkomba Medical Practices?
2. How have beliefs, ritual practices, and medical cosmology of the Konkomba influenced their medical practices?
3. How have post-independence government health policies shaped and conditioned the Konkomba traditional healthcare system since 1957?
4. In what ways has Western medicine influenced the Konkomba's medical practices in the Post-Colonial Era?

## 1.6 Review of Related Literature

This review aims to clarify the complexities and transformations in Konkomba medical practices by analysing an array of academic works, historical records, and ethnographic studies. It examines the interplay between spirituality and science, providing valuable insights into the adaptability of these practices within Ghana's evolving healthcare system.

### 1.6.1 Conceptual Clarifications

Traditional healing stands as the ancient foundation of structured medical practices, which are distinguished by their inherent philosophy and guiding principles. Serving as the progenitor of subsequent medical systems such as Chinese medicine, Graeco-Arabic medicine, and notably Western medicine, it embodies the origin from which diverse medical traditions have evolved.<sup>19</sup> Robert Thornton defined traditional health practice as the application of methods, rituals, or services rooted in traditional beliefs and philosophies. It incorporates the use of traditional medicine or practices to maintain or restore physical or mental health, diagnosing, treating, or preventing illnesses, aiding in the rehabilitation of an individual's reintegration into their community or family, and preparing individuals physically or mentally for significant life stages like puberty, adulthood, pregnancy, childbirth, and death.<sup>20</sup>

The World Health Organization defines traditional medicine as “the sum total of the knowledge, skill and practices based on the theories, beliefs and experiences Indigenous to different cultures, whether explicable or not, used in the maintenance [sic] of health as well as in prevention, diagnosis, or treatment of physical and mental

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<sup>19</sup> S. Deb Ramashankar and B. K. Sharma. "Traditional healing practices of northeast India." *Traditional Healing Practices in Northeast India* 26 (2009), 26.

<sup>20</sup> Robert Thornton, "The transmission of knowledge." *Africa* 79, no. 1 (2009), 21

illness.”<sup>21</sup> In his examination of Medical Systems in Ghana, P. A. Twumasi characterizes traditional medicine as “the service performed through the utilization of magico-religious acts and concepts.”<sup>22</sup> Samuel Adu-Gyamfi et al., also defined traditional medicine as “diverse health practices, approaches, knowledge and beliefs incorporating plants, animal, and or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination with other things to treat, diagnose and prevent diseases.”<sup>23</sup> They argued that in Ghana, the traditional healthcare system embodies a holistic approach that intertwines the people's social, ethical, religious, moral, and cultural values. Moreover, in Africa, an individual's well-being is intricately connected to the metaphysical realm and the supernatural world.<sup>24</sup>

Many scholars have sought to define the role and position of traditional healers in African societies. These scholars portrayed traditional healers as esteemed community members, recognised for their expertise in natural healing using elements from nature and specialised methods.<sup>25</sup> Among these scholars, James Anquandah, in his seminal work "African ethnomedicine", contends that traditional healers are seen not

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<sup>21</sup> Emeka E. Okonkwo, "Traditional healing systems among Nsukka Igbo." *Journal of Tourism and Heritage Studies* 1, no. 1 (2012), 70. See also, World Health Organization, "Traditional Medicine," *WHO Regional Office for Africa*, accessed October 26, 2025, <https://www.afro.who.int/health-topics/traditionalmedicine#:~:text=Traditional%20medicine%20refers%20to%20the,of%20physical%20and%20mental%20illness.>

<sup>22</sup> The term magico-religious is made up of two mutually exclusive terms (magic and religion) but used together to refer to unexplainable concept of the unseen or the lack of rationality with an element of faith. Twumasi, *Medical Systems in Ghana*, 10-11. As cited in Adu-Gyamfi and Anderson, "Indigenous medicine", 70.

<sup>23</sup> Samuel Adu-Gyamfi, et al., "Public Health: A Socio-Political History of a People (1902-1966)," *Journal of Arts and Humanities* (2017): 20. As cited in Adu-Gyamfi and Anderson. "Indigenous medicine", 70. See also, Adu-Gyamfi and Bing J. "Traditional Healing Narratives from a Community in Ghana: An Empirical Study." *International Journal of Basic and Applied Research*. 17(2). 2016. As cited in Samuel Adu-Gyamfi, "From Vital Force to the Scientific or an Admixture: A Historical Discourse on Individuals Value for Indigenous Medical Practices in Ghana." *J. Basic Appl. Res. Int* 2018 (2018), 2.

<sup>24</sup> Samuel Adu-Gyamfi and Richard Oware, "Wesleyan Mission Medicine in Asante". (1901-2000)." *Humanities, Arts and Social Sciences Studies (Former name Silpakorn University Journal of Social Sciences, Humanities, and Arts)* (2018), 342.

<sup>25</sup> Julia Elisa Bereda, "Traditional healing as a health care delivery system in a transcultural society." PhD diss., 2002, 7; Ramashankar et al., "Traditional Healing Practices of Northeast India." *Traditional Healing Practices in Northeast India* (2009), 26; Adu-Gyamfi and Anderson, "Indigenous medicine", 70.

only as individuals who relieve symptoms but also as those entrusted with reinstating the body's equilibrium. They do so by utilising both spiritual and material means, aiming to foster mental, physical, and spiritual well-being in the community.<sup>26</sup> Anquandah's views are reaffirmed by Owen, who argued that in both traditional and modern African societies, traditional healers hold significance beyond their healing abilities for the sick and dying. They are valued for their connection to the spirits of the departed and seen as a unique cultural endowment.<sup>27</sup>

Anquandah additionally categorised traditional healers into three primary classes within Africa, specifically Ghana. The initial group involves herbalists equipped with extensive expertise in plant-based medicine, actively crafting and distributing medicinal products. The second group comprises herbalists who, apart from their herbal practice, are open to engaging in supernatural or occult practices. Lastly, there's a third group consisting of shrine or cult priests. While possessing herbal knowledge, their primary role revolves around serving as conduits or intermediaries of deities. These individuals receive guidance from these deities concerning disease diagnosis and remedies.<sup>28</sup> This presents indigenous medicine as a holistic practice where traditional healers restore balance in body and spirit, integrating both herbal knowledge and spiritual guidance. Traditional healers, whether herbalists or shrine priests, serve as both medical practitioners and cultural guardians, addressing not just physical ailments but also fostering spiritual and communal well-being.

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<sup>26</sup> Adu-Gyamfi and Oware, "Wesleyan Mission Medicine," 343.

<sup>27</sup> *Ibid.*, 1

<sup>28</sup> *Ibid.*, 343

### 1.6.2 Ecology, Diseases, and Indigenous Medicine

Jabulani has posited that the ecological environment plays a significant role in shaping diseases. He again highlighted the impact of ecology on human health, underlining the special bond perceived by the Zulu people between individuals and their surroundings.<sup>29</sup> Bereda reaffirmed this position, arguing that human susceptibility to illness is intricately linked to various environmental elements and stressors within diverse settings. These factors surrounding individuals can significantly influence their health outcomes and susceptibility to ailments.<sup>30</sup> He added that every individual is entitled to a conducive and secure environment that safeguards their physical and mental health, guaranteeing access to sufficient water supply, sanitation facilities, and proper waste disposal systems. Additionally, this right extends to protection from all environmental hazards, encompassing issues like overpopulation, ecological deterioration, and potential infectious risks.<sup>31</sup> Jabulani explained that in African cultural beliefs, when an infant falls ill after journeying between different locations, it is often inferred that the child has absorbed an external element triggering the sickness. According to cultural perceptions, this attribution does not necessarily stem from human actions but is attributed to natural atmospheric conditions.<sup>32</sup>

Samuel Adu-Gyamfi and Eugenia Anderson examined indigenous medicine and traditional healing in Africa.<sup>33</sup> They argued that a community's collective survival hinges upon its profound understanding of the environment and its adeptness in navigating the array of challenges it encounters.<sup>34</sup> The work further established that the

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<sup>29</sup> Nene, "The Concept of Traditional Healing," 7-8.

<sup>30</sup> *Ibid.*, 22

<sup>31</sup> *Ibid.*, 22.

<sup>32</sup> *Ibid.*, 7-8

<sup>33</sup> Adu-Gyamfi and Anderson. "Indigenous medicine", 69-100.

<sup>34</sup> *Ibid.*, 69-70.

ecological environment significantly influences the health outcomes and adaptive strategies human communities adopt. Distinct modes of living, such as hunting and gathering, agricultural cultivation, pastoralism, and urban societies, encounter varying health challenges, necessitating diverse approaches to address their specific health needs.<sup>35</sup> In contrast, African perspectives, steeped in mystical beliefs, attribute diseases to a spectrum of causes, from environmental or naturalistic factors to personalistic causes, including spiritual, divine, or human influences. Moreover, the richness of African medicine lies in its acknowledgement of the potential combination of two or more causes, thereby illustrating the pluralistic nature inherent in the African understanding of diseases.<sup>36</sup>

According to Stephens et al., indigenous communities are widely recognized as meticulous stewards of our ecosystem, entrusted for millennia with the custodianship of our environment and its medicinal resources. Rooted in a holistic communal perspective, their knowledge is deeply interwoven with the connection between humanity and the ecosystem.<sup>37</sup>

Etim Nana Aniekan examined the impact of ecology on African Traditional Religion.<sup>38</sup> In his comprehensive analysis, Etim delineated the perspective of African Traditional Religion, which venerates the ecological system as sacred due to its role as a residence for divinities, deities, and spirits. Additionally, it serves as a conduit for connecting with the supreme entity, be it God or a sovereign being. Etim further argued that Africans aspire to coexist in a state of equilibrium, seeking harmonious and

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<sup>35</sup> Adu-Gyamfi and Anderson. "Indigenous medicine", 80.

<sup>36</sup> Ibid., 85

<sup>37</sup> Clive Nettleton, Carolyn Stephens, Fiona Bristow et al., "Utz Wachil: findings from an international study of indigenous perspectives on health and environment." *EcoHealth* 4, no. 4 (2007), 461.

<sup>38</sup> Etim Nana Aniekan, "The impact of ecology in African Traditional Religion." *International Journal of Theology and Reformed Tradition* 8 (2016), 164-174.

peaceful existence within the physical world and in conjunction with the spiritual realm. This belief system maintains that the cosmos embodies a cohesive unity, wherein the environment assumes the persona of a nurturing mother, sensitive, animate, and capable of reciprocal responses to human interactions.<sup>39</sup>

Etim's perspectives resonate with Evelyn Lynn White's assertions. White contended that human actions regarding their ecology are intricately tied to their perceptions of self about the world around them. White emphasized that human ecology is profoundly influenced by beliefs concerning our inherent essence and ultimate purpose, specifically, by religious ideologies.<sup>40</sup>

Donna Maier examined the nineteenth-century Asante medical practices.<sup>41</sup> Maier attributes the favourable health conditions in the interior region to a confluence of ecological and cultural elements. She further noted that the consistent rainfall pattern in the forested area of Asante, coupled with less pronounced temperature fluctuations, significantly contributed to the relative healthiness of the region's populace. According to her analysis, the regularity of rainfall facilitated the cleansing of air, soil, and living spaces and fostered a cultural practice of habitual bathing. This routine bathing, in turn, played a role in preventing the prevalence of diseases associated with ticks, lice, and similar ailments within the community.<sup>42</sup>

These existing scholarly works on indigenous medicine and environmental influences in Africa provided essential insights into how ecological settings shaped

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<sup>39</sup> Aniekan, "The Impact of Ecology", 165.

<sup>40</sup> Samuel Awuah-Nyamekye, *Managing the environmental crisis in Ghana: The role of African traditional religion and culture—A case study of Berekum traditional area*. University of Leeds, 2013, 4.

<sup>41</sup> Maier Donna, "Nineteenth-century Asante medical practices." *Comparative studies in Society and History* 21, no. 1 (1979), 63-81.

<sup>42</sup> Maier. "Nineteenth-century Asante medical practices", 64-65. As cited in Akwasi Kwarteng Amoako-Gyampah. "Inherently diseased and insanitary? The health status of the Gold Coast [Ghana] from the 18th to the late 19th century." *Nordic Journal of African Studies* 27, no. 2 (2018), 16.

traditional health systems. While these studies do not directly focus on the Konkomba specifically, they laid the groundwork for exploring how the savannah environment informed local understandings of illness and healing. This thesis built on such perspectives by examining how the Konkomba's interaction with their savannah landscape, characterised by its climate, vegetation, and seasonal patterns, has shaped their interpretations of disease causation and guided the development of adaptive healing practices.

### **I.6.3 Indigenous Healing Practices and Traditions**

Patrick A. Twumasi, in his study on medical systems in Ghana, highlighted the parallel roles of diviners and conventional physicians. Both diagnose illnesses and offer treatments, with diviners using rituals and herbs while physicians prescribe medications. Twumasi also noted the belief in using sorcery to redirect malevolent forces into scapegoats or objects, easing the suffering of patients.<sup>43</sup> In support of these, Benjamin W. Kankpeyeng et al., in their work on "Indigenous cosmology, art forms, and historical medicinal practices," highlighted that many healing practices in Africa such as ritual offerings and sacrifices, divination and diagnosis tied to indigenous beliefs take place within shrines. Within these spaces, shrine operators or healers dispose of associated materials, often in designated areas. Certain aspects of African indigenous medicine involve discarding items used in these practices, which may incorporate the entirety of the material culture involved. Such discarded behaviours are often accompanied by rituals, potentially including sacrifices that may involve the shedding of blood from living animals.<sup>44</sup>

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<sup>43</sup> Benjamin W. Kankpeyeng, Samuel N. Nkumbaan, and Timothy Insoll. "Indigenous cosmology, art forms and past medicinal practices: Towards an interpretation of ancient Koma Land sites in northern Ghana." *Anthropology & Medicine* 18, no. 2 (2011), 208.

<sup>44</sup> Kankpeyeng, Nkumbaan, Insoll, "Indigenous Cosmology," 208.

Although not focused exclusively on Konkomba medical traditions, the works of Twumasi and Kankpeyeng et al. make significant contributions to the broader discourse on indigenous healing systems in Africa. Twumasi's comparative exploration of traditional diviners and biomedical practitioners, particularly in terms of methods of diagnosis, ritual healing processes, the use of medicinal plants, and the management of harmful spiritual influences, offers thematic parallels that resonate with aspects of Konkomba therapeutic practices. Likewise, the research by Kankpeyeng and his colleagues on healing rituals within shrine settings, emphasising the symbolic disposal of ritual objects and the role of animal sacrifice, provided a valuable interpretive lens for understanding the spiritual and cosmological frameworks that underpin indigenous approaches to healing. Collectively, these studies offered a conceptual foundation for situating Konkomba healing traditions within a broader matrix of African indigenous medical systems. Their insights helped to contextualise Konkomba practices as part of larger beliefs, rituals, and symbolic actions that informed local experiences of illness, wellness, and spiritual equilibrium.

Henryk Zimoń investigated the earth beliefs and Earth priests among the Konkomba of Northern Ghana.<sup>45</sup> He argued that the earth represents a repository of potent energies and sacred forces embodied in various manifestations such as soil, stones, mountains, trees, water bodies, vegetation, and the overall landscape and environment.<sup>46</sup> He further argued that within the cultural framework of the Konkomba and several other ethnic groups residing in the upper Volta basin and neighbouring Western African regions, the earth played a major role in impacting economic, social,

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<sup>45</sup> Henryk Zimoń. "Earth beliefs and Earth priests among the Konkomba of Northern Ghana." (2003), 77-100.

<sup>46</sup> Zimoń, "Earth Beliefs." 77.

and religious facets of life.<sup>47</sup> According to Henryk Zimoń, within the religious context of the Konkomba culture, the Earth held a profound significance as a divinity and spirit, serving as the foundational source of life principles, fertility, overall well-being, and abundance.<sup>48</sup>

Henryk Zimon's work offered valuable insights into the spiritual significance of the Earth in Konkomba religious life, particularly through his examination of harvest rituals and broader agrarian customs. His scholarship carefully examined the symbolic, social, and economic dimensions of these practices, highlighting the central role of land and ecological rhythms in shaping the cultural and religious expressions of the Konkomba. However, Zimon's analysis remained confined mainly to agricultural and fertility-related rituals, offering limited engagement with the medical dimensions of Konkomba cosmology. His work does not sufficiently explore how spiritual beliefs intersect with indigenous understandings of illness, healing rituals, and the broader therapeutic landscape. This created a noticeable gap in literature, as the interconnections between religion, ritual performance, and health remain largely unexamined in his studies. Addressing this oversight, the present study seeks to expand the scope of inquiry by examining how Konkomba religious worldviews informed indigenous medical practices and conceptions of wellbeing, thereby contributing to a more holistic understanding of ritual and healing in Konkomba society.

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<sup>47</sup> Zimoń, "Earth Beliefs." 77.

<sup>48</sup> *Ibid.*, 79.

#### **1.6.4 Competing Debates on the Modernisation of Indigenous and Western Medicine**

The modernisation of indigenous healing practices in Ghana has sparked considerable scholarly debate, particularly due to Western medicine's growing influence. Stephen K. Bonsi explored how the introduction of Western medical systems has reshaped Ghanaians' perceptions of health and illness, prompting traditional healers to adjust their practices. Bonsi argued that rather than abandoning their core principles, these healers selectively integrated Western techniques to align with changing societal expectations. This adaptation is viewed either as a compromise of indigenous authenticity or a strategic evolution that preserved the essential features of traditional healing within a modern healthcare landscape.<sup>49</sup>

In his study on the political and social forces shaping traditional medicine in Ghana, particularly among the Asante from 1902 to 2013, Samuel Adu-Gyamfi et al., examined how colonial and later governmental policies influenced the development of indigenous medical practices. Adu-Gyamfi et al., highlighted how that British colonial authorities initially attempted to suppress traditional medicine through outright bans, later shifting to a licensing system as part of efforts to control and “modernise” the field. This licensing approach, he argued, served as a tool for reconfiguring traditional medicine in line with Western medical standards rather than embracing an integrated healthcare model. According to Adu-Gyamfi et al., colonial authorities aimed to regulate indigenous medical practices without supporting their institutional inclusion alongside Western medicine, leaving traditional practitioners to operate autonomously yet under official scrutiny. They added that the British administration's primary goal

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<sup>49</sup> Stephen K. Bonsi, "Modernization of native healers: implications for health care delivery in Ghana." *Journal of the National Medical Association* 72, no. 11 (1980): 1057.

was not to merge indigenous practices with Western medicine but to impose a structure that redefined these practices within a Western framework. This strategic approach allowed colonial officials to exert control over indigenous healing while maintaining Western medicine's dominance within the formal healthcare system.<sup>50</sup>

Samuel Adu-Gyamfi and Eugenia Anderson's scholarly work on, "African Traditional Healing and Biomedicine: A Reconstruction of Colonial and Post-Independence Health-Care History under Kwame Nkrumah, 1951–66," sheds light on Kwame Nkrumah's holistic approach to crafting a comprehensive healthcare framework tailored to Ghana's diverse populace. In his pursuit, Nkrumah strategically modernised traditional healing methods bolstered existing medical infrastructure inherited from British colonial rule and facilitated the establishment of the Ghana Psychic and Traditional Healing Association (GPTHA). Their research emphasises Nkrumah's deliberate efforts, aligned with his Africanization agenda, to elevate the status of traditional healers and African medical practitioners. This covered expanding medical facilities and fostering credible educational platforms for the scientific validation of African medicinal practices. This initiative, aligned with an Africanization agenda, sought to validate and educate on African healing practices and challenged Eurocentric biases, emphasising the significance of Africa's medical heritage while simultaneously refining Western medical approaches.<sup>51</sup>

Adu-Gyamfi and Anderson further highlighted the British administration's control mechanisms over traditional healers in the Gold Coast. Under the Native Authority system, traditional healers were strictly regulated through licensing protocols established via legislative acts such as the 1883, 1927, and 1944 Native Jurisdiction

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<sup>50</sup> Samuel Adu-Gyamfi et al., "Interest groups, issue definition and the politics of traditional medicine in Ghana: emphasis on Asante (1902–2013)." *Nordic Journal of African Studies* 28, no. 4 (2019), 6.

<sup>51</sup> Adu-Gyamfi and Anderson. "African Traditional Healing", 87.

Ordinances. These legislative measures categorised traditional healing practices as "fetish," thereby fostering societal acceptance of Western medicine over indigenous healing methods.<sup>52</sup>

In her publication, "Writing Medical Authority: The Rise of Literate Healers in Ghana, 1930–1970," Abena Dove Osseo-Asare examined the impact of European influence on indigenous healers, emphasising its correlation with the heightened levels of secrecy adopted by traditional physicians in their efforts to counteract external attempts at regulating their practices. Specifically, Osseo-Asare delineates the repercussions of the British actions of 1930, which included the abolition of witch-finding practices, and the introduction of policies designed to curtail trial by ordeal, animistic rituals, and secret associations implicated in instances of homicide. This historical intervention inadvertently fostered an environment conducive to more excellent concealment among traditional healing practitioners, as they sought to safeguard the integrity and autonomy of their craft amidst external pressures of regulation and control.<sup>53</sup>

Although these studies do not specifically focus on the impact of post-colonial policies on Konkomba medical practices, they offered valuable insights into the broader political, social, and cultural dynamics that have shaped indigenous healing systems in Ghana. Through their examination of colonial governance structures, post-independence development strategies, and the evolving role of traditional healers, these works provided a critical framework for analysing the complex relationship between indigenous and biomedical models of healthcare. They revealed how colonial legacies

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<sup>52</sup> Ibid., 97.

<sup>53</sup> Abena Dove Osseo-Asare, "Writing Medical Authority: The Rise of Literate Healers in Ghana, 1930–1970," *Journal of African Studies* 57, no. 1 (2016): 79. As cited in Adu-Gyamfi and Anderson. "African Traditional Healing", 98.

continue to shape contemporary health systems, highlighting the enduring tensions between the preservation of indigenous knowledge and the drive toward conformity with state-approved biomedical standards. This broader analytical context is crucial for situating the Konkomba case within larger scholarly discussions on the transformation, marginalization, and potential integration of indigenous healing practices in post-colonial African societies.

### **1.6.7 The Complexities of Merging Traditional and Western Healthcare**

#### **Approaches**

Tholene Sodi and Olaniyi Bojuwoye, in their work on the "Cultural Embeddedness of Health, Illness, and Healing," highlight the challenges associated with integrating traditional healthcare or psychotherapeutic practices with Western-oriented models. They argue that the distinct origins of Western and Indigenous traditional models present significant difficulties in any efforts toward integration. They further suggested that developing an integrated healthcare system hinges on extensive research to foster a deeper understanding and reinterpretation of cultural practices relevant to health promotion and illness prevention.<sup>54</sup> Both traditional healthcare and Western-oriented practitioners would benefit from training that enables them to unearth contemporary truths from ancient wisdom, reassess and reconstruct concepts, principles, and processes, as well as assign new meanings to cultural practices. This approach would pave the way for alternative forms of knowledge, diverse approaches, and varied explanations to be incorporated into healthcare practices.<sup>55</sup>

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<sup>54</sup> Tholene Sodi and Olaniyi Bojuwoye. "Cultural embeddedness of health, illness and healing: Prospects for integrating indigenous and western healing practices." *Journal of Psychology in Africa* 21, no. 3 (2011), 354.

<sup>55</sup> Sodi and Bojuwoye, "Cultural Embeddedness of Health," 354.

Henry Omoregie Egharevba et al., in their work, "Integrating traditional medicine practice into the formal healthcare delivery system in the new millennium—the Nigerian approach", highlighted that integrating traditional medicine into healthcare involves harmonizing both practices for an enhanced healthcare system. This integration merges traditional and orthodox approaches within a country's official healthcare system. They underscored, however, that despite global conventional medicine acceptance and successful integration in some nations, achieving this integration is not straightforward. They identified a significant challenge in Nigeria's context, the frequent shifts in government policies. These policies hinder the seamless integration of traditional medicine into the healthcare system. When new governments take office, previous beneficial projects are sometimes discarded in favour of the new administration's priorities, leading to discontinuity and fragility in the integration process.

Chidi Oguamanam explored the ethical challenges of integrating biomedical, complementary, and alternative medicine (CAM) systems. He noted that while both have traditionally competed, a more collaborative approach could maximise therapeutic benefits, given the limitations of each in addressing all health needs independently. However, Oguamanam points out that most conventional physicians lack a deep understanding of CAM's principles, making it difficult for them to evaluate its efficacy properly. This knowledge gap suggests a need for new ethical frameworks and criteria to assess CAM's value, ensuring that integration is both informed and respectful of diverse medical traditions.<sup>56</sup>

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<sup>56</sup> Chidi Oguamanam, "Biomedical orthodoxy and complementary and alternative medicine: Ethical challenges of integrating medical cultures." *Journal of Alternative & Complementary Medicine* 12, no. 6 (2006): 580

Oguamanam's views on the ethical and practical importance of integrating complementary and alternative medicine (CAM) with biomedicine found support in the work of Owoahene-Acheampong and Vasconi, who emphasized the need for formal recognition and integration of traditional medicine (TM) in Ghana's health system. They argued that TM's significance lay not only in its historical and cultural relevance but also in its therapeutic effectiveness for certain ailments, which at times surpassed biomedicine. This therapeutic efficacy, they noted, aligned closely with local understandings of health, illness, and healing, further justifying TM's legitimacy within formal healthcare systems.<sup>57</sup>

Owoahene-Acheampong and Vasconi highlighted how traditional healers employed a holistic approach to health, integrating cultural, social, biological, and existential dimensions in understanding disease. They contended that traditional medicine should not be narrowly viewed as a system of herbal remedies alone; rather, it should be recognised as a comprehensive therapeutic practice that incorporates symbolic and spiritual dimensions, reflecting the broader worldview in which individuals and communities experience health and illness.<sup>58</sup>

Irene G. Ampomah et al. examined the integration of traditional medicine (TM) into Ghana's health system, drawing on the perspectives of TM practitioners in the Ashanti region. They highlighted global trends toward TM incorporation, noting that the World Health Organisation (WHO) categorises integration into three models: integrative, inclusive, and tolerant. These models reflect varying levels of acceptance and collaboration, much like Oguamanam's concerns about the need for ethical frameworks to bridge differences. Ampomah et al., advocated for structured cross-

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<sup>57</sup> Stephen Owoahene-Acheampong and Elisa Vasconi, "Recognition and integration of traditional medicine in Ghana: A perspective." *Institute of African Studies Research Review* 26, no. 2 (2010): 8

<sup>58</sup> Owoahene-Acheampong and Vasconi, "Recognition and Integration," 8.

referral systems between traditional and biomedical practitioners in Ghana, seeing this as a key component for patient-centred care and improved health outcomes. They argued that such a system could formalise TM's role within Ghana's health infrastructure, enhancing both legitimacy and accessibility.<sup>59</sup>

Abukari Kwame examined the ongoing challenges to integrating traditional medicine and healing (TMH) within Ghana's formal healthcare system, offering a perspective that contrasted with the gradual progress suggested in other studies. Despite efforts to incorporate TMH, such as organizing and training traditional healers, developing herbal medicine practices, and promoting a collaborative approach, Kwame argued that TMH remained largely marginalised. According to Kwame, traditional healers continued to operate on the periphery of the formal health system, indicating that Ghana had not yet fully adopted an integrative healthcare model.<sup>60</sup>

Kwame identified several key obstacles, including the perception among many biomedical practitioners that traditional medicine operated outside legal boundaries. This perception created a barrier to effective collaboration, as it discouraged biomedical practitioners from referring patients to traditional healers. Furthermore, Kwame noted a significant challenge in patient experience, as patients who used TMH before seeking conventional treatment often encountered negative responses, including harassment or dismissal from biomedical practitioners. Such interactions undermined patient trust and deterred patients from fully disclosing their use of traditional treatments.<sup>61</sup>

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<sup>59</sup> Irene G. Ampomah, Bunmi S. Malau-Aduli, Abdul-Aziz Seidu et al., "Integrating traditional medicine into the Ghanaian health system: perceptions and experiences of traditional medicine practitioners in the Ashanti region." *International health* 15, no. 4 (2023), 424.

<sup>60</sup> Abukari Kwame. "Integrating traditional medicine and healing into the Ghanaian mainstream health system: voices from within." *Qualitative Health Research* 31, no. 10 (2021): 1848

<sup>61</sup> Abubakar, "Integrating Traditional Medicine," 1848.

Although the works of these scholars do not specifically address Konkomba medical practices, they offered essential conceptual tools for examining the integration of indigenous healing systems into contemporary healthcare frameworks. Their analyses engaged with the cultural, ethical, and institutional complexities that accompany efforts to integrate traditional medicine with biomedical models. By exploring the points of convergence as well as areas of friction between indigenous and formal health systems, these studies helped to clarify the dynamics underpinning medical pluralism in African contexts. While not grounded in the Konkomba experience, their insights are nonetheless valuable for situating Konkomba healing traditions within broader academic and policy debates concerning the recognition, negotiation, and legitimacy of indigenous medical knowledge in modern healthcare landscapes.

### **1.7 Methodology and Sources**

This work is qualitative and uses history as a design and heuristic device. The emphasis was on constructing a contextualised and interpretive account of Konkomba medical practices since 1957, while occasionally referencing pre-independence developments to illuminate continuity and change. A descriptive and narrative strategy guided the analysis, enabling a reconstruction of the historical transformations of indigenous healing practices within their wider political, social, and cultural settings.

Archival research formed the first strand of evidence. Primary data were obtained from the Public Records and Archives Administration Department (PRAAD) in Accra, Cape Coast, and Tamale. At PRAAD Cape Coast, files classified under ADM 123 were especially valuable for understanding the late colonial administration of indigenous medicine and its intersection with public health campaigns. In Accra, ADM 11 and ADM 56 yielded important administrative correspondence, policy memoranda,

and ethnographic reports on health interventions in the Northern Territories and former British Togoland. At PRAAD Tamale, records under NRG 8 were consulted, which shed light on the implementation of health initiatives and governance strategies in Konkomba-dominated areas.

The second strand of evidence was oral history, collected between December 2023 and April 2025 across Konkomba communities. These interviews were conducted with informed consent, audio-recorded, and later transcribed for thematic analysis. Participants were selected purposively, focusing on those with experiential authority in traditional medical practices, including elder healers, women serving as birth attendants, clan leaders, and other recognised custodians of indigenous knowledge. Snowball sampling further extended the network of respondents, ensuring inclusion of diverse perspectives. Oral accounts were examined not only for their factual content but also for their narrative structures and cultural meanings. Methodological challenges, such as selective memory, temporal compression, and the influence of contemporary perspectives, were recognized. These limitations were addressed through cross-examination with archival and secondary evidence, thereby strengthening the reliability of the oral material.

The study conducted sixty-six interviews across twenty-nine towns in the Oti and Northern Regions of Ghana, as well as neighbouring Konkomba settlements in Togo, targeting elders, healers, clan leaders, and custodians of indigenous medical knowledge. Respondent distribution varied across locations, with Damanko recording the highest participation of five individuals. Nkwanta, Ogyir, Sibi, Moba, Opitjua, and Kpassa-Ago each contributed three respondents, while Danado, Ogyiri, Kanjokura, Baduli, Pibila, Bonakye, Tanandor, Eganbo, Tatali, Napa Kura, Danlari Kura, Opijua, Jagrido, Mangoase, Kpatari, Bimbila, Tanamdo, Jato Kura, Jatodo, Kpassa, and

Jotokura each provided two respondents. Ipoalindo in Togo contributed two respondents. This careful and systematic distribution ensured comprehensive geographical coverage and captured the diversity of knowledge holders, practices, and perspectives essential for an in-depth understanding of Konkomba indigenous medical systems.

Finally, the study drew upon an extensive body of secondary literature, including peer-reviewed journal articles, books, monographs, dissertations, and digital databases accessed through academic libraries and research portals. Unpublished theses housed at the University of Education, Winneba, and other Ghanaian institutions provided additional context in areas where scholarship on the Konkomba remains sparse. These sources were indispensable in situating Konkomba medical practices within broader debates on African indigenous medicine, health pluralism, and postcolonial transformations.

### **1.8 Significance of the study**

This thesis makes a distinct and thoughtful contribution to existing scholarship on indigenous medical systems by exploring the foundational knowledge and adaptive practices within Konkomba traditional healing. A culturally situated and historically informed analysis examines the coherence and efficacy of these health systems, offering a more nuanced and grounded understanding of African Indigenous healthcare. It confronts, and critiques long-standing assumptions embedded in dominant biomedical discourse, particularly those that frame African traditional medicine as unchanging, non-scientific, or inherently inferior.

The study revealed the deeply interconnected nature of health, ecology, ritual, and cosmology by examining Konkomba healing within the context of environmental conditions, spiritual beliefs, and social structures. It showed that indigenous healing

extends beyond treating illness; it embodied a worldview rooted in collective wellbeing, spiritual balance, and ecological harmony. These insights carry significant weight for current health policy, especially in efforts to develop care models that are inclusive and respectful of cultural diversity. The study advocates for the meaningful integration of Indigenous and biomedical knowledge systems, without privileging one over the other.

Beyond its ethnographic focus, the research speaks to broader academic discussions in medical anthropology, environmental history, and postcolonial theory. It highlighted how belief, symbolism, and ritual shaped healthcare practices and legitimacy in African communities. By engaging critically with Konkomba healing traditions, this work also contributes to preserving cultural knowledge that has often been overlooked or undervalued. In this way, the thesis is a scholarly investigation and a form of cultural advocacy, asserting the importance of indigenous health systems as living heritage and vital contributors to contemporary understandings of medicine in Africa's postcolonial landscape.

## **1.9 Organization of the study**

This thesis comprises six main chapters. Chapter One served as the introduction, encompassing the study's contextual background, statement of the problem, purpose of the study, research objectives, research questions, review of related literature, significance of the study, methodology and sources, and organisation of the study.

Chapter Two explored how the savannah environment influenced the emergence of Konkomba Medical Practices. It meticulously examined how distinct geographical elements, the diverse vegetation, and the wildlife within the savannah significantly influenced and shaped the medical traditions ingrained within Konkomba culture. This exploration aimed to analyse the specific plants, herbs, and natural resources abundant in the savannah that were integral to Konkomba medicinal practices. Moreover, the

chapter intricately illustrated how the unique environmental conditions and the intricate ecosystem of the savannah impacted the health trends and prevalent ailments among the Konkomba community.

Chapter Three investigated the perspectives, ritual practices, and medical cosmology of the Konkomba and their influence on healing methods and treatment strategies. This section delved into the spiritual and cultural perspectives that shaped Konkomba's healthcare practices. It discussed how spiritual beliefs, traditional rituals, and cosmological views influenced the diagnosis, treatment, and overall approach to health and well-being among the Konkomba people. Additionally, the chapter examined the integration of spiritual healing practices alongside medicinal remedies, providing insights into the interconnectedness of spiritual beliefs and healthcare practices within Konkomba society.

Chapter Four examined the interplay between post-independence government policies and the evolution of the Konkomba traditional healthcare system from 1957 onwards. This section examined the policies enacted by successive administrations and their direct impact on the structure, practices, and accessibility of traditional healthcare services among the Konkomba people. Additionally, the chapter explored the adaptation and resilience of Konkomba healers in response to evolving healthcare policies and any conflicts or collaborations between traditional healing methods and modern medical interventions sanctioned by the government.

Chapter Five explored how Western medicine influenced Konkomba's medical practices by integrating Western medical knowledge with traditional healing methods. It analysed how healers incorporated Western diagnostic tools, pharmaceuticals, and treatment protocols alongside indigenous practices. The chapter assessed the impact of Western medicine on healthcare delivery in Konkomba communities, including

changes in healthcare-seeking behaviours, patient preferences, and access to healthcare services. It also discussed the challenges faced by Konkomba healers in balancing traditional practices with Western medical interventions and how they adapted their methods and beliefs in response to modern medical techniques.

Chapter Six provided a summary and conclusion of the thesis. This final section served as a concise overview of the research findings and conclusions from exploring Konkomba traditional medicine. It succinctly highlighted the main discoveries regarding how Konkomba healers integrated Western medical knowledge with conventional practices and the implications for modern healthcare systems. The chapter discussed the significance of these findings in bridging cultural divides in healthcare delivery and suggested potential future research directions to further enhance the understanding and application of indigenous medical practices in contemporary settings.



## CHAPTER TWO

### THE SAVANNAH ENVIRONMENT AND THE EVOLUTION OF KONKOMBA MEDICAL PRACTICES

#### 2.0 Introduction

The relationship between geographical environments and cultural traditions has long been a subject of scholarly inquiry, particularly in exploring how ecological contexts shape and are shaped by indigenous healing practices. This intersection highlights how environmental conditions inform local medical knowledge, therapeutic approaches, and the cultural meanings ascribed to health and illness within specific communities.<sup>62</sup> This chapter examined the influence of the savannah environment on the development and transformation of medical practices within the Konkomba community. Defined by its open grasslands, scattered vegetation, and marked seasonal fluctuations, the savannah played a critical role in shaping the Konkomba's modes of living, systems of knowledge, and social organisation. The chapter situates medical practices within this ecological context, emphasising how environmental conditions inform the conceptualisation of illness and the strategies employed for healing.<sup>63</sup> This unique ecological setting deeply influences community livelihoods and ingrains itself within their belief systems, and healthcare approaches. Examining the savannah's

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<sup>62</sup> A geographical landscape comprises diverse natural features defining a specific land area. The term "landscape" originated in England in the fifth century when the Anglo-Saxons arrived. Initially, it referred to human-modified areas within specific lands during that era. See, *Study.com*, "Geographical Landscape: Definition and Examples," *Study.com*, accessed March 17, 2024, <https://study.com/academy/lesson/geographical-landscape-definition-examples.html>.

<sup>63</sup> The term "savanna" originated from the 16th-century word "zavanna," denoting a "treeless plain." However, in its contemporary usage, it refers to a diverse habitat characterized by extensive grasslands, typically dominated by one or two grass types that form a continuous expanse. This landscape is punctuated by sporadic shrubs and trees, presenting a varied and visually compelling environment. See, San Diego Zoo Wildlife Alliance, "Savanna," *San Diego Zoo Animals & Plants*, accessed January 9, 2025, <https://animals.sandiegozoo.org/habitats/savanna>. John Stanley Beard, "The savanna vegetation of northern tropical America." *Ecological Monographs* 23, no. 2 (1953), 152; P. L Ford, *Grasslands and Savannas*. Singapore: EOLSS Publisher, 2010, 1.

ecological features, including its diverse vegetation, wildlife, climate, and geographical characteristics, unveiled the intimate connections between the environment and the evolution of Konkomba healing traditions. These connections mold the remedies employed and the conceptualisation of health and well-being.<sup>64</sup>

Central to Konkomba medical practices is the principle of holistic healing, emphasising the connection between individuals, nature, and spirituality. Beyond the empirical aspects of herbal medicine, the Konkomba healthcare system integrates spiritual dimensions through rituals, ceremonies, and a profound understanding of the human-nature relationship.<sup>65</sup> This holistic approach addresses the physical, spiritual, and emotional dimensions of well-being.<sup>66</sup> Traditional healers, revered as custodians of ancient wisdom, utilise locally available remedies, showcasing an intimate understanding of the ecosystem's potential in addressing diverse health challenges.<sup>67</sup> This chapter situates Konkomba medical practices within a multidisciplinary framework that incorporates cultural, anthropological, ecological, and ethnomedical perspectives. Through this approach, it offered a nuanced analysis of the historical and environmental factors that have shaped the evolution of Konkomba healthcare systems, highlighting the complex interplay between tradition, environment, and community health strategies.

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<sup>64</sup> Monroe Lerner, "Conceptualization of health and social well-being." *Health Services Research* 8, no. 1 (1973), 9; Beate Schrank et al., "From objectivity to subjectivity: conceptualization and measurement of well-being in mental health." *Neuropsychiatry* 3, no. 5 (2013), 525; Bobby Macaulay, et al., "Conceptualizing the health and well-being impacts of social enterprise: a UK-based study." *Health Promotion International* 33, no. 5 (2018), 748-759.

<sup>65</sup> Personal Interview, Nyoja Mabi, Ogyiri, Ghana, 25<sup>th</sup> December 2023.

<sup>66</sup> Personal Interview, Mayi Kojo, Opitjua, Ghana, 25<sup>th</sup> December 2023.

<sup>67</sup> A traditional healer is an individual within a community who offers medical assistance using a spectrum of remedies such as herbs, minerals, animal components, incantations, and other practices rooted in their people's cultural and belief systems. Their credibility hinges upon being perceived as competent, adept, knowledgeable, and trustworthy, traits earned through experience and the confidence of the community they serve. See, Ezekwesili-Ofili and Okaka, "Herbal Medicines," 191.

## 2.1 Geographical and Ecological Context of Konkomba Medical Practices

Historically, the savanna zone of Ghana witnessed an earlier onset of societal development compared to other regions. Between the fifteenth and eighteenth centuries, what later became known as the Northern Territories drew diverse groups' economic and political interests. This ecological zone became a focal point for varied activities between the fifteenth and eighteenth centuries, fostering interactions that shaped its cultural, financial, and political landscapes.<sup>68</sup> Over time, the Konkomba savannahs served as habitats for a rich diversity of wildlife, hosting iconic species like elephants, lions, leopards, and various antelopes, alongside birds, reptiles such as crocodiles and snakes, and smaller mammals like hyenas, each thriving within this ecosystem. This historical environmental setting was pivotal in shaping the Konkomba's way of life, influencing their cultural practices, and forming the backdrop against which their societies evolved and thrived.<sup>69</sup>

The Savannah environment of the Konkomba was distinguished by a distinctive blend of elements that historically characterised their ecosystem. The climate brought about pronounced wet (kesiek) and dry (lipeil) seasons, fluctuating temperatures from hot to warm throughout the year. The region experiences concentrated rainfall, typically starting towards the end of April and extending until late October, marking the wet season. Following this, the dry season persists from the end of October through late

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<sup>68</sup> The establishment of states within the savanna zone commenced in the fifteenth century due to trade connections with the western Sudanese populace. However, the intervention of European activities during the sixteenth, seventeenth, and eighteenth centuries reshaped trade routes, shifting from a primarily northward orientation to a southward axis. This alteration in trade dynamics facilitated the ascent of forest and coastal states, marking a significant shift in these regions' socio-economic and political landscapes. See F.K. Buah, *A History of Ghana* (London: Macmillan Publishers Limited, 1980), 36; Kwabena Adu-Boahen, "The Impact of European Presence on Slavery in the Sixteenth to Eighteenth-Century Gold Coast," *Transactions of the Historical Society of Ghana, New Series*, No. 14 (2012): 165-199; Ivor Wilks, *Asante in the Nineteenth Century: The Structure and Evolution of a Political Order* (Cambridge: Cambridge University Press, 1975). As cited in Tasin, "A history of Konkomba medical culture", 39.

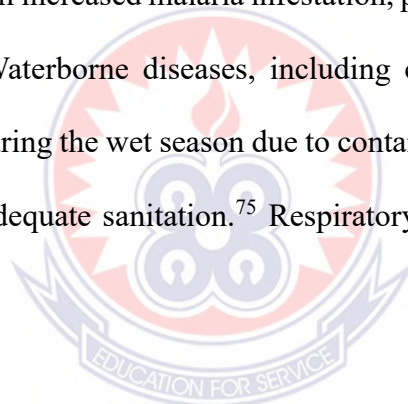
<sup>69</sup> Personal Interview, Wadja Nyibe, Opitjua, Ghana, 27<sup>th</sup> December 2023.

April, profoundly influencing the strength of the ecosystem and governing the distribution of vegetation and behaviours of wildlife within their surroundings.<sup>70</sup>

The health conditions of the Konkomba people in the savannah environment were distinctly influenced by the alternating wet and dry seasons, each presenting specific health challenges and prevalent illnesses.<sup>71</sup> A herbalist explained that:

During the wet season, the Konkomba community encountered many health issues primarily due to increased moisture and environmental changes such as cough, fever, and diarrhoea.<sup>72</sup>

Infections most prominent diseases during this period was malaria, facilitated by the proliferation of mosquitoes in stagnant water.<sup>73</sup> The conducive breeding grounds created by heavy rainfall increased malaria infestation, posing a significant health threat to the Konkomba.<sup>74</sup> Waterborne diseases, including cholera, typhoid, and bacterial infections, escalated during the wet season due to contaminated water sources resulting from flooding and inadequate sanitation.<sup>75</sup> Respiratory infections, such as colds, flu,



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<sup>70</sup> Personal Interview, Lidambe Nador, Ogyiri, Ghana, 1<sup>st</sup> January 2024. See also Daniel H. Janzen and Thomas W. Schoener, "Differences in insect abundance and diversity between wetter and drier sites during a tropical dry season." *Ecology* 49, no. 1 (1968), 101; Riexs D. Van Klinken, Lloyd K. Flack, and William Pettit, "Wet-season dormancy release in seed banks of a tropical leguminous shrub is determined by wet heat." *Annals of Botany* 98, no. 4 (2006), 875-883.

<sup>71</sup> Sonia Altizer et al., "Seasonality and the dynamics of infectious diseases." *Ecology letters* 9, no. 4 (2006), 467.

<sup>72</sup> Personal Interview, Nkutein Ndakol, Damanko, Ghana, 31<sup>st</sup> December, 2024.

<sup>73</sup> Amoako-Gyampah, "Inherently Diseased and Insanitary?" 9.

<sup>74</sup> Personal Interview, Konja, Damanko, Ghana, 1<sup>st</sup> January 2024. See Abebe Alemu et al., "Climatic variables and malaria transmission dynamics in Jimma town, Southwest Ethiopia." *Parasites & vectors* 4, no. 1 (2011), 1; Gillian H Stresman. "Beyond temperature and precipitation: ecological risk factors that modify malaria transmission." *Acta tropica* 116, no. 3 (2010), 167-172; Jonathan Cox, Jean Mouchet, and David J. Bradley, "Determinants of malaria in sub-Saharan Africa." *The contextual determinants of malaria* 167 (2002), 174.

<sup>75</sup> M. Fazal-Ur-Rahman, "Polluted water borne diseases: Symptoms, causes, treatment and prevention." *J Med Chem Sci* 2, no. 1 (2019), 86; Gordon Nichols, Iain Lake, and Clare Heaviside. "Climate change and water-related infectious diseases." *Atmosphere* 9, no. 10 (2018), 1.

and other upper respiratory tract infections, became more prevalent during the wet season.<sup>76</sup>

In contrast, the dry season introduced a distinct set of health challenges for the Konkomba population. The arid conditions, marked by pervasive dust and low humidity, contributed significantly to the prevalence of respiratory ailments during this period. The characteristic dryness of the savannah environment exacerbated conditions such as asthma, bronchitis, pulmonary hypertension, and various occupational lung diseases. A herbalist explained:

Hmm, my son, the dry season brought its own sickness. The dust made people cough and struggle to breathe, and the heat weakened many. Others suffered from thirst and fever.<sup>77</sup>

These seasonal health patterns underscored the direct influence of ecological factors on disease incidence and revealed how environmental stressors shaped the health vulnerabilities experienced by the community.<sup>78</sup> Moreover, dehydration and heat-related illnesses were more common during the dry season due to higher temperatures and reduced water availability.<sup>79</sup> Heat stroke, dehydration, and related ailments increased, necessitating heightened awareness and preventive measures within the community.<sup>80</sup>

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<sup>76</sup> Personal Interview, N-nayor Gmabaye, Kpassa, Ghana, 10<sup>th</sup> January 2024. See also, Mark F. Cotton et al., "Management of upper respiratory tract infections in children." *South African Family Practice* 50, no. 2 (2008), 8.

<sup>77</sup> Personal Interview, N-nayor Gmabaye, Kpassa, Ghana, 2<sup>nd</sup> January 2024.

<sup>78</sup> Personal Interview, Njonam Ntigma, Kpassa, Ghana, 4<sup>th</sup> January 2024. See also, World Health Organization, "Chronic Respiratory Diseases," *World Health Organization*, accessed April 8, 2024, [https://www.who.int/health-topics/chronic-respiratory-diseases#tab=tab\\_1](https://www.who.int/health-topics/chronic-respiratory-diseases#tab=tab_1); Sagir G. Ahmed et al., "Seasonal variations in frequencies of acute vaso-occlusive morbidities among sickle cell anaemia patients in northern Nigeria." *J Blood Disord Transfus* 3, no. 120 (2012), 2.

<sup>79</sup> Personal Interview, Jatorb Gmayi, Bonakye, Ghana, 7<sup>th</sup> January 2024.

<sup>80</sup> Personal Interview, Nyoja Mbamba, Moba, Ghana, 25<sup>th</sup> December 2024. See also Centers for Disease Control and Prevention, "Heat Stress and Heat-Related Illness," *CDC*, accessed January 7, 2024, <https://www.cdc.gov/niosh/topics/heatstress/heatrelillness.html>. Clare Faurie et al., "Association between high temperature and heatwaves with heat-related illnesses: A systematic review and meta-

Within the cultural worldview of the Konkomba and other neighbouring ethnic groups residing in the Savannah region, illness was often understood through the lens of seasonal and climatic patterns. There existed a shared belief that certain diseases emerged in response to specific environmental conditions associated with times of the year. These seasonal shifts were thought to create physiological susceptibilities, thereby influencing the onset and spread of illness. Such interpretations reflect a broader indigenous epistemology in which health and disease are intimately connected to ecological rhythms and climatic cycles.<sup>81</sup> The Harmattan season, “lpeil” marked by the hot and arid winds emanating from the desert, was associated with afflictions such as eye inflammations, sore throats, nasal congestion, and chest discomforts.<sup>82</sup>

During the dry season, known locally as lpeil, changes in diet were commonly linked to the rise in diarrheal illnesses among the Konkomba. The period just before the rain, often referred to as the "heat period," was viewed as a time when illnesses became more visible in the body. It was believed that this season brought out symptoms in people who were already unwell. Common signs included frontal headaches and general physical discomfort. These observations were understood as part of a broader belief that certain times of the year made the body more vulnerable to disease.<sup>83</sup> This reflects the Konkomba cultural perspective that closely links dietary habits, climatic conditions, and health outcomes. Their recognition of dietary changes during the

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analysis." *Science of The Total Environment* 852 (2022); Barrow Michael W., and Katherine A. Clark, "Heat-related illnesses." *American Family Physician* 58, no. 3 (1998), 751.

<sup>81</sup> Personal Interview, Mbalam Mananwuba, Baduli, Ghana, 7<sup>th</sup> January 2024.

<sup>82</sup> Personal Interview, Njonam Ntigma, Kpassa, Ghana, 4<sup>th</sup> January 2024. See also, Healthline Editorial Team, "Sore Throat and Ears," *Healthline*, accessed January 7, 2024, <https://www.healthline.com/health/sore-throat-and-ears>; Jack Charles Collins, and Rebekah Jane Moles. "Management of respiratory disorders and the pharmacist's role: Cough, colds, and sore throats and allergies (including eyes)." *Encyclopedia of pharmacy practice and clinical pharmacy* (2019), 282; P. Kardos and F. A. Malek. "Common cold—an umbrella term for acute infections of nose, throat, larynx and bronchi." *Pneumologie* 71, no. 04 (2017), 221-226; Bernhard Bierlich, *The problem of money: African agency and Western medicine in northern Ghana*. Berghahn Books, 2007, 43.

<sup>83</sup> Bierlich, *The Problem of Money*, 43.

transitional "heat period" suggested an awareness of how seasonal shifts can influence physical well-being, particularly in relation to the rise of diarrheal illnesses. This indigenous understanding highlighted a broader pattern among the Konkomba and neighboring communities, where seasonal variations are believed to contribute to the emergence of specific diseases. It underscored the deep connection between environmental conditions and human health within their traditional knowledge systems.

## 2.2 The evolution of Konkomba medicine

Like many other African societies, the origins and utilisation of Konkomba's traditional medical practices date back to ancient times.<sup>84</sup> These indigenous medicinal methods incorporated various approaches, including herbal medicine, spiritual healing, divination, rituals, exorcism, and community-based remedies.<sup>85</sup> Such practices emerged as a response to addressing the health needs and challenges prevalent within the Savanna environment. The Konkomba people developed medical practices that connected indigenous knowledge to their understanding of the Savannah environment. A soothsayer posited that:

In His wisdom, the Supreme Being recognised that humans could not inhabit any environment without encountering illnesses. Consequently, He intentionally endowed their ecological zones with abundant natural elements, such as plants and animals, which can be utilised to treat or cure these ailments.<sup>86</sup>

Knowledge of disease treatments evolved from continual observation in daily life, communicated through teachings or specialised training facilitated by experienced

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<sup>84</sup> Ezekwesili-Ofili and Okaka, "Herbal Medicines," 191.

<sup>85</sup> *Ibid.*, 191.

<sup>86</sup> Personal Interview, Njonaam Yajabu, Baduli, Ghana, 8<sup>th</sup> January 2025.

healers. This encouraged the development and perpetuation of herbalism, a pivotal component of the Indigenous knowledge system within the Konkomba community.<sup>87</sup>

Historically, the Konkomba community's medical practices have been shaped by their interactions with Savannah's diverse ecosystem.<sup>88</sup> The region's geographical features, characterised by vast grasslands, seasonal changes, and proximity to the Sahel and Guinea ecological zones, have influenced their perception and understanding of health and well-being.<sup>89</sup> Traditional Konkomba healing methods have drawn extensively from the Savanna's abundant natural resources. Using indigenous plants, herbs, and roots forms a cornerstone of their medical practices.

Long before the European colonisation and occupation of the northern territories in the 1890s, Konkomba healers, often referred to as herbalists or traditional medicine practitioners, possessed a deep knowledge of their local vegetation and medicinal properties. Samuel Adu-Gyamfi and Eugenia Anderson noted that:

Herbalists address physical ailments like fever, rheumatism, intestinal issues, parasites, lactation problems, earaches, toothaches, headaches, epilepsy, and menstrual disorders by utilising plant leaves, stems, roots, tree bark, animal parts, seashells, coral, soils, and natural substances such as shea butter, pepper, ginger, and other spices. African pharmacopoeia often involved various methods of administration, including drinking herbal mixtures, inhaling vapours, receiving injections (through dermal incisions), using enemas, vaginal infusions, or applying substances through massage, bathing, or fumigation. These

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<sup>87</sup> Personal Interview, Kojobu Nadam, Baduli, Ghana, 4<sup>th</sup> January 2024.

<sup>88</sup> Personal Interview, Ntebe Nkonda, Sibi, Ghana, 11<sup>th</sup> January 2024.

<sup>89</sup> J. Southworth L. Zhu et al., "Changes in vegetation persistence across global savanna landscapes, 1982–2010." *Journal of Land Use Science* 11, no. 1 (2016), 10; Sally Archibald et al., "Distribution and determinants of savannas." *Savanna woody plants and large herbivores* (2019), 1-24. See also The Editors of Encyclopaedia Britannica, "Grassland," *Encyclopaedia Britannica*, accessed December 26, 2023, <https://www.britannica.com/science/grassland>.

remedies may come in powders, porridges, soups, ointments, smoke, or eye drops.<sup>90</sup>

Like herbalists in other parts of Ghana, as described by Adu-Gyamfi and Anderson, Konkomba herbalists collect, prepare, and use natural remedies to treat a broad range of illnesses. These healers rely on the healing properties believed to exist in the plants found in the savannah environment. The Konkomba people's close relationship with nature, combined with their belief in spiritual influences on health, played a key role in shaping their medical practices. Traditional healers often perform spiritual rituals and seek guidance from ancestors or spiritual beings as part of diagnosis and treatment. This approach reflected a holistic understanding of health that combines physical and spiritual elements.<sup>91</sup> Peter White rightly points out:

African traditional healers take a holistic approach to treatment, considering the entire person rather than just isolated symptoms. Their healing practices integrate physical, psychological, spiritual, and social aspects. Unlike Western medicine, traditional healers see no division between the natural and the spiritual or the physical and the supernatural, leading them to approach health concerns from spiritual and physical angles.<sup>92</sup>

In Konkomba society, medical knowledge has traditionally been passed down through oral traditions, with little to no written documentation in formal medical texts. This pattern is not unique to the Konkomba but is common across many ethnic groups in the Gold Coast. Most communities relied heavily on oral transmission to preserve and share knowledge. Asante provides a clear example of this, as discussed by De-

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<sup>90</sup> John M. Janzen and Edward C. Green, "Medicine in Africa," in *Encyclopedia of History of Science, Technology, and Medicine in Non-Western Cultures* (2008), 3. As cited by Adu-Gyamfi and Anderson. "Indigenous medicine", 75.

<sup>91</sup> Personal Interview, Yagma Njado, Joto Kura, Ghana, 13<sup>th</sup> January 2024.

<sup>92</sup> Peter White, "The concept of diseases and health care in African traditional religion in Ghana." *HTS: Theological Studies* 71, no. 3 (2015), 2.

Valera N. Y. M. Botchway. In his study of Asante medical practices, Botchway points out the lack of ancient texts or preserved manuscripts that explain systems of health, illness, and human life. This reflected a broader reliance on oral knowledge systems in indigenous medical traditions.<sup>93</sup>

The Konkomba community believed that the therapeutic efficacy of their herbal medicines was influenced by the seasonal climates prevailing in Savannah. An informant observed that:

“Herbal medicines derived from plants during the dry seasons were regarded as more potent compared to those obtained during the rainy seasons.”<sup>94</sup>

The variation in the strength of herbal medicines was often linked to seasonal changes and the types of water absorbed by plants, especially during the rainy season. Flooding introduced contaminated water into the soil, which affected the plants. As a result, essential parts of the plants, such as roots, leaves, stems, fruits, and bark, were believed to lose their healing power. However, during the dry season, this situation changed. The plants began to dry out, and the contaminants were thought to be removed through a natural dehydration process. This process was believed to restore the plants to their original, pure state, making them more effective for use in traditional medicine.<sup>95</sup> Consequently, herbal medicines prepared from plants during the dry season were perceived to be more powerful and effective for disease treatment within the Konkomba community.<sup>96</sup>

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<sup>93</sup> Botchway, “A Note on the Ethnomedical Universe of the Asante,” 170. As cited in Tasin, *A history of Konkomba medical culture*, 116

<sup>94</sup> Personal Interview, Uja Dagbanbor, Ipoalindo, Togo, 20<sup>th</sup> January 2024.

<sup>95</sup> Personal Interview, Kanjor Ntija, Ipoalindo, Ghana, 20<sup>th</sup> January 2024.

<sup>96</sup> Personal Interview, Ntajal Mabi, Ipoalindo, Ghana, 23<sup>rd</sup> January 2024.

Despite the colonial government's endeavors to curtail indigenous medicine in the Northern Territories, Indigenous medicinal practices persisted during the colonial era. Healers continued to draw upon this established tradition of utilising natural elements for healing, preserving and applying their traditional knowledge despite colonial suppression efforts.<sup>97</sup> Jonathan Roberts noted that:

Traditional medicine persisted even in the face of colonial attempts to suppress it. The people of the Gold Coast remained deeply connected to therapy management groups, turning to traditional healers for support despite the colonial administration's efforts to weaken these practices. These healers continued to utilise herbal remedies, provide physical care, and manage family relationships, businesses, and properties.<sup>98</sup>

Konkomba medical knowledge has been passed down orally through generations and is deeply rooted in their cosmological beliefs. Although modernisation and the spread of Western medicine have shaped healthcare practices in the region, traditional healing remains a vital part of Konkomba identity. These practices continue to reflect the strong influence of the savanna environment on their understanding of health and illness. The persistence of these traditions underscored the community's ability to adapt while preserving the core aspects of its cultural and medical heritage.

### **2.3 The Konkomba concept of health and disease causation**

Examining health-related practices and beliefs within the Konkomba culture presents a complex task. This is because their understanding of illness is closely tied to their social structures and way of life. The Konkomba approach to health is holistic. It

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<sup>97</sup> Keto E. Mshiegni et al., *Proceedings of an International Conference of Experts from Developing Countries on Traditional Medicinal Plants* (Dar es Salaam: Dar es Salaam University Press, 1991), 209. As cited in Tasin, *A History of Konkomba Medical Culture*, 116.

<sup>98</sup> Roberts, *Sharing the Burden of Sickness*, 84. As cited in Ernest Foley Okine, "Impact of Western-Based Science on Traditional Medical Practice in Colonial Ghana: Case Studies of the Treatment of Malaria and Trypanosomiasis." Master's thesis, Bowling Green State University, 2024, 52.

brings together cultural values, kinship ties, marriage customs, economic activities, and systems of leadership. These elements work together to promote both individual and collective well-being. This integrated view reflected the deep connection between health and the broader social and cultural fabric of Konkomba society.<sup>99</sup> Like many ethnic groups in Ghana and Togo, the Konkomba developed unique cultural systems that served multiple purposes. These systems were used to treat physical illness and played a central role in shaping social, religious, political, and economic life. Healing practices were deeply intertwined with the broader community structure. They reflected values, beliefs, and ways of organising daily life. In this way, medicine was both a response to illness and a core part of the Konkomba's social foundation.<sup>100</sup> They possessed a unique and holistic conceptualisation of health and disease deeply intertwined with their cultural, spiritual, and environmental beliefs.

Oral accounts held that central to their worldview was the understanding that health extended beyond the absence of physical ailments and is connected to spiritual, emotional, and social well-being.<sup>101</sup> The Konkomba conceptualisation perceives humans as integral components of a broader cosmic order where the balance between the individual, community, and the natural world is paramount.<sup>102</sup> Olaniyi Bojuwoye and Mokgadi Moletsane-Kekae explained that:

Traditional African religious ontology highlights the profoundly spiritual nature of African cultures, where the Supreme Being, or God,

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<sup>99</sup> Personal Interview, Njonam Manajo, Opitjua, Ghana, 15<sup>th</sup> January 2024.

<sup>100</sup> Tasin, *A History of Konkomba Medical Culture*, 58.

<sup>101</sup> The Konkomba perception of health, termed ngbanpuan, extends beyond the mere absence of illness, encompassing a holistic state of physical and social well-being. This comprehensive understanding emphasizes various facets contributing to a healthful existence. These include adherence to religious and customary obligations, honouring the significance of verbal commitments through the oath of words (nkam), fostering harmonious relationships within familial and social spheres, practising moderation in dietary habits, and seeking protective remedies, all converging to cultivate a state of balanced and wholesome living. Personal Interview, Jayon Kwasiibu, Tatali Ghana, 8<sup>th</sup> January 2024. See also, Tasin, *A History of Konkomba Medical Culture*, 58.

<sup>102</sup> Personal Interview, Bimobla Tayi, Kabre Kura, Ghana, 14<sup>th</sup> January 2024.

is seen as the ultimate source of life force, and the spirits of ancestors hold significant spiritual power. These two categories of cosmic entities are viewed as possessing greater power than humans and are believed to have the ability to influence natural events, either positively or negatively. For example, ancestral spirits are thought to impact various aspects of human life, such as bestowing good health, wealth, or even illness. They are also believed to prevent diseases, avert natural disasters, help secure good fortune, mediate interpersonal conflicts, and act as intermediaries between God and humanity.<sup>103</sup>

Until the colonial era, the Konkomba believed that the human condition inherently includes periods of ailment. Central to their cultural perspective was the notion that illness was an intrinsic aspect of human existence, ingrained within individuals upon creation.<sup>104</sup> A herbalist stated that:

Our ecological zone is rich in natural resources that have historically ensured our survival. However, we no longer live long enough to benefit from these resources fully and often succumb to contagious diseases due to our neglect of the natural environment. However, some illnesses are inevitable; regardless of environmental stewardship, every human being is destined to experience some form of temporary sickness before death.<sup>105</sup>

Common sicknesses like fevers, stomach pains, and headaches were regarded as transient occurrences, often perceived with limited apprehension due to their temporary nature. These ailments were perceived to manifest and disappear transiently, symbolising the cyclical nature of health challenges.<sup>106</sup> Within the Konkomba worldview, illness was regarded as a natural facet of life bestowed by divine

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<sup>103</sup> Olaniyi Bojuwoye and Mokgadi Moletsane-Kekae, "African indigenous knowledge systems and healing traditions." *Global psychologies: Mental health and the global south* (2018), 81-82.

<sup>104</sup> Personal Interview, Ntayi N-noba, Kpassa – Ago, Ghana, 1<sup>st</sup> January 2024.

<sup>105</sup> Personal Interview, Nlayoon Kwasibu, Jagrido, Ghana, 11<sup>th</sup> January 2024.

<sup>106</sup> Ntayi N-noba, Interview. See also Bierlich, *The problem of money*, 43.

providence, rendering individuals susceptible to a spectrum of ailments throughout their lifetime.<sup>107</sup>

In addition, it was also believed among indigenous Konkomba societies that the disease was not solely attributed to physical causes but was often seen because of disruptions in the harmony between individuals and their surroundings.<sup>108</sup> Imbalances in the spiritual realm, disharmony with nature, or transgressions against cultural norms contributed to illness.<sup>109</sup> David Tait noted that:

The Konkomba beliefs regarding the causes of illness differ based on the age of the afflicted individual. For adults, illness is viewed as a natural occurrence and is treated with medicinal remedies. In contrast, children's illnesses are often attributed to the neglect of offering a sacrifice of thanks to the ancestor who sent the child into the world. The perceived causes of death also vary with the age of the deceased. Children are believed to die due to the lineage's failure to fulfil ritual and moral obligations, improper care, or simply because "God took the child." Individuals beyond childhood, excluding Elders, are thought to die because of unmet social obligations within the lineage, either by or toward the deceased. Additionally, their death may result from witchcraft, serving as a form of punishment. Elders, however, are believed to die solely due to witchcraft, but they are never considered witches themselves.<sup>110</sup>

Traditional healers played a crucial role in diagnosing and addressing these multifaceted causes, making Konkomba's medical practices more holistic in terms of their approach to health.

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<sup>107</sup> Bierlich, *The problem of money*, 43.

<sup>108</sup> Personal Interview, Nyiba Nidan, Ujagando, Ghana, 16<sup>th</sup> January 2024.

<sup>109</sup> Personal Interview, Ntayi Manambe, Jagrido, Ghana, 9<sup>th</sup> January 2024.

<sup>110</sup> David Tait, "The Role of the Diviner in Konkomba Society," *Man*, Vol. 52 (1952), 167.

Rituals and ceremonies were also integral components of the Konkomba approach to health, restoring balance, and addressing the spiritual dimensions of disease. These rituals often involved invoking ancestral wisdom, communing with spirits and deities, and seeking guidance from the unseen forces believed to influence health and well-being.<sup>111</sup> Specific plants and herbs were used based on their empirical healing properties and their symbolic significance within Konkomba cosmology. The belief in the innate wisdom of nature and its ability to provide therapies aligns with its holistic approach to health. Their attitude towards health and conception of illness were grounded in the endogenous cosmos that the human being (uniborn) was an intimate combination of material and immaterial forces.<sup>112</sup> Similar to the Akan cosmology, Samuel Awuah-Nyamekye noted that:

The Akan feel it is incumbent on them to harmonise the relationship between the spiritual and the physical so that at the end of it all, life becomes spiritual for the realisation of total well-being (salvation), which is the goal of humans.<sup>113</sup>

Acknowledging the interplay between the physical, spiritual, and environmental realms, the Konkomba approach offered a holistic understanding of well-being that transcended conventional biomedical models. This rich conceptualisation reflected the flexibility of their cultural heritage, and the profound wisdom embedded in their traditional healing practices.

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<sup>111</sup> Personal Interview, Uworb Ntido, Damanko, Ghana, 3rd January 2024.

<sup>112</sup> The term "endogenous cosmos" refers to an internal worldview or system of beliefs that originates from within a particular culture or community. In the context of the Konkomba people, it means that their understanding of health and illness is deeply rooted in their own cultural, spiritual, and environmental beliefs. This internal system sees humans as an integral part of a broader, interconnected universe where material and immaterial forces play a role in their well-being. This concept emphasises their holistic and intrinsic worldview, developed independently from external influences. See Tasin, *A History of Konkomba Medical Culture*, 61.

<sup>113</sup> Samuel Awuah-Nyamekye, "Salvaging nature: The Akan religio-cultural perspective." *Worldviews: Global Religions, Culture, and Ecology* 13, no. 3 (2009), 255.

## 2.4 Diagnosing diseases

Diagnosing disease and formulating treatment strategies within the context of the Konkomba community represents a holistic approach deeply embedded in their cultural heritage and traditional healing practices. The Konkomba people possess a profound understanding of disease causation and treatment methods. Within their society, disease diagnosis extends beyond physical symptoms; it involved an examination of the individual's overall well-being, considering social, spiritual, and environmental factors. Twumasi observed that:

The diagnosis of illness is intricately linked to the magico-religious system. The medicine man administers treatment, instills hope, and restored the patient's confidence. His effectiveness is rooted in his influence and the magico-religious rituals deeply ingrained in the society's shared beliefs. Thus, the therapeutic process is supported by the collective weight of the community's religious traditions, myths, history, and spirit.<sup>114</sup>

Traditional healers employed a blend of observation, oral history, divination, and experiential wisdom to discern the underlying causes of illnesses.<sup>115</sup> Emeka E. Okonkwo noted:

Traditional healthcare practitioners typically diagnosed ailments by combining physical observation, symptom analysis, patient history, oral interviews, and spiritual consultations, such as divination or oracle consultation.<sup>116</sup>

Their diagnostic processes often involved recognising patterns, questioning, interpreting signs and symptoms, and considering the individual's relationship with the community and the natural world.

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<sup>114</sup> Patrick A Twumasi, "Ashanti traditional medicine." *Transition* 41 (1972), 55-56.

<sup>115</sup> Personal Interview, Ntado Uchin, Damanko, Ghana, 8<sup>th</sup> January 2024.

<sup>116</sup> Okonkwo, "Traditional Healing Systems," 74.

Diseases within Konkomba beliefs were attributed to higher powers, such as the Supreme Being (Uwumbor) or witches (besumb).<sup>117</sup> According to their perspective, disease arose from supernatural influences and from a natural order wherein individuals who violated prescribed codes of cleanliness (tinyankand) or deviated from accepted social norms (enanpal aakal) within the community were predisposed to illness. In an interview with a Konkomba traditional priest overseeing a territorial deity, he stated that:

In their wisdom, our ancestors recognised that spiritual and physical factors could influence health. They established a society grounded in ethical standards designed to promote well-being. These standards included maintaining cleanliness within homes, avoiding open defecation, refraining from stealing from neighbours' farms, and respecting prohibitions against farming on Fridays. Adherence to family totems and taboos and consuming nutritious foods to maintain strength were also emphasised. Failure to comply with these ethical guidelines could result in adverse consequences, including illness, as individuals would be subject to the laws of nature.<sup>118</sup>

This cultural perspective posited disease causation as a complex interplay between spiritual attribution, societal norms, and adherence to communal practices, distinct from biomedical understandings of nutrient-related illnesses.<sup>119</sup> The breach of cleanliness standards, associated with the start of diseases, incorporated the presence of external filth (tigeond) within the patient's immediate surroundings and dietary habits. Traditional healers often explored these factors in their diagnostic approach, frequently

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<sup>117</sup> Personal Interview, Tisimbo Naja, Tanando, Ghana, 15<sup>th</sup> January 2024.

<sup>118</sup> Personal Interview, Tagin Konja, Tanando, Ghana, 19<sup>th</sup> January 2024.

<sup>119</sup> Personal Interview, Mukanjor Liyembelgnen, Kanjo Kura, Ghana, 10<sup>th</sup> January 2024.

inquiring with statements like "aa jin ba" (what have you eaten?). Mariana G. Hewson observed that:

In the diagnostic process, traditional healers assess the nature of the illness by directly observing symptoms and asking questions that uncover the illness's broader context within the patient's life, social relationships, and environment.<sup>120</sup>

This emphasis on environmental hygiene and dietary practices accentuated the role of these factors in disease aetiology, as perceived within the diagnostic framework of Konkomba healers.<sup>121</sup> Diagnosis within Konkomba medical practices included diverse methodologies. Oliver Tasin asserts that:

“..... In the pre-colonial era, one such approach among the Konkomba involved the keen observation of patients as a diagnostic tool.”<sup>122</sup>

Thus, healers observe patients' demeanour, gestures, and disposition to discern potential diseases or health concerns.<sup>123</sup> This was evident in the oral accounts of Konkomba traditional healers, who reported that this method relied on meticulously examining the patient's behavioural patterns and nonverbal communication to inform the diagnostic process.<sup>124</sup> The diagnostic practices within Konkomba medical traditions extended beyond individual patient observation to incorporate a broader scope involving the patient's clans. According to a Konkomba Indigenous medical practitioner,

Healers sought to ascertain if observed diseases were familial by involving the patient's relatives in the diagnostic process. This expanded

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<sup>120</sup> Mariana G. Hewson, "Traditional healers in southern Africa." *Annals of Internal Medicine* 128, no. 12\_Part\_1 (1998), 1031.

<sup>121</sup> Personal Interview, N-nalam Wumborbe, Tinjase, Ghana, 17<sup>th</sup> December 2023. See also Tasin, *A History of Konkomba Medical Culture*, 115.

<sup>122</sup> Personal Interview, Mayuba Binjotib, Sibi, Ghana, 21<sup>st</sup> December 2024. See also, Tasin, *A History of Konkomba Medical Culture*, 106.

<sup>123</sup> Personal Interview, Nlayon Gmabi, Danado, Ghana, 13<sup>th</sup> January 2024.

<sup>124</sup> Personal Interview, Naja Kwaku, Egambo, Ghana, 13<sup>th</sup> January 2024.

diagnostic approach included attentive listening to the patient's narratives, allowing time for careful observation, and subsequently inquiring about the health history of the patient's family.<sup>125</sup>

Healers conducted thorough investigations into the patients' personal lives and their families' medical histories, considering their social context to understand the ailment's origins comprehensively.<sup>126</sup> Mariana G. Hewson noted that:

In their diagnostic process, traditional healers gather comprehensive information about the patient's symptoms and any related psychosocial aspects, aiming to uncover the reasons behind the onset of the illness. They pose questions such as, "Is there something you desire but cannot have? Do you have any rivals? Is anyone wishing harm upon you? Are your ancestors displeased with you?" Recognising that individuals are deeply connected to their broader community, they investigate all aspects of the patient's life, past and present, paying particular attention to behaviours that could have caused conflicts with others.<sup>127</sup>

Konkomba medical practitioners employed diverse methods for diagnosis, utilising their physical senses as part of their approach. For example, they would taste a child's urine to detect sweetness, which could indicate diabetes (sikere aweein). Visual assessments were also significant; they analysed the colour of vomited food to identify potential poisoning. Additionally, they relied on their sense of smell to support diagnostic conclusions.<sup>128</sup> E. N Shu identified that:

Traditional healers employ various diagnostic techniques, including biological assessments. These methods involved tasting urine to detect sugar levels, as in diabetes, smelling for antimicrobial properties, and

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<sup>125</sup> Personal Interview, Wajuul Nimor, Ipoalindo, Togo, 18<sup>th</sup> January 2024.

<sup>126</sup> Larry R. Churchill and David Schenck, "Healing skills for medical practice." *Annals of Internal Medicine* 149, no. 10 (2008), 723.

<sup>127</sup> Hewson, "Traditional Healers," 1031.

<sup>128</sup> Personal Interview, Banyifu Nignan, Moba, Ghana, 15<sup>th</sup> January 2024. See also Pamela Dalton, Alan Gelperin, and George Preti. "Volatile metabolic monitoring of glycemic status in diabetes using electronic olfaction." *Diabetes Technology & Therapeutics* 6, no. 4 (2004), 535.

visually examining the colour of vomit, which may indicate poisoning, among other approaches.<sup>129</sup>

This multi-layered diagnostic approach within the Konkomba community underscores the integration of sensory perceptions into their medical practices. The reliance on taste, sight, and smell for diagnosis suggests a holistic understanding of health, incorporating the physical, sensory, and empirical dimensions. This approach aligns with a broader cultural context wherein Indigenous medical systems often intertwine physical and metaphysical aspects of well-being. It also emphasises the community's reliance on empirical observation and traditional knowledge.

Furthermore, the pre-colonial Konkomba society believed that ants (enyend) served as a diagnostic indicator, particularly for diabetes. Many of the Konkomba healers interviewed explained that the presence of ants around a diabetic patient's urine site signalled to the healer the existence of sugar in the urine. Visual inspections were commonplace, extending to examinations of the patient's eyes, skin, urine, and faeces, particularly valuable in bitterness or skin rashes.<sup>130</sup> Physical examinations involved assessing movable body parts, palpitation, and correlating pulse behaviour, serving as integral components of the healer's diagnostic collection.<sup>131</sup> While healers mostly practised this method, it was sometimes extended to interactions between parents and their children within the Konkomba society.

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<sup>129</sup> Emeka E. Okonkwo, "Traditional healing systems ", 74-75.

<sup>130</sup> Personal Interview, Uninkpel Wadja, Ogyiri, Ghana, 13<sup>th</sup> January 2024. See also A. Preetha and Dhaya K Vel, "A research perspective on ubiquitous healthcare for diabetic patients." *Australian Journal of Basic and Applied Sciences* 10, no. 1 (2016), 661; Westlake Medical Center, "Ants in Urine Might Be Diabetes," *Westlake Medical Center*, accessed December 25, 2024, <https://westlakemed.com.ph/ants-in-urine-might-be-diabetes/>.

<sup>131</sup> *MedlinePlus*, "Ants in Urine Might Be Diabetes," *MedlinePlus*, accessed October 13, 2024, <https://medlineplus.gov/ency/article/002284.htm>.

The healers also used divination as another form of diagnosis.<sup>132</sup> The use of divination among the Konkomba healers represented an integral facet of their diagnostic collection, deeply entrenched in spiritual and cultural customs. Within their traditional medical practices, divination was a bridge between the visible and invisible realms, enabling healers to access spiritual insights crucial for diagnosing illnesses.<sup>133</sup> Utilising an array of divinatory methodologies, including the casting of lots using kola and cowries, interpretation of natural elements, and the invocation of ancestral spirits or deities (lewala) through the expertise of a soothsayer (uboa), these rituals were conducted to discern the spiritual roots underlying various ailments.<sup>134</sup> Hewson noted that:

Traditional healers, through divination, seek guidance from the spiritual realm by invoking and communicating with their ancestors. This process often involves the ceremonial use of naturally occurring psychotropic substances, which may be ingested, inhaled, or smoked. Also, healers rely on their dreams, where ancestors give them diagnostic insights.<sup>135</sup>

In the twentieth century, there was a notable surge in popularity among the Konkomba regarding divination practices, specifically using cowries. This trend gained prominence following integrating of deities, particularly Gurmadei, Kurpor, Tigari, and Tongo, into their medical practices.<sup>136</sup> These divinatory methods have strengthened

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<sup>132</sup> Divination is a method to probe the mysteries of the unknown, seeking insights or oracular responses to inquiries that surpass the confines of conventional human comprehension. It acts as a conduit between the visible and unseen realms, offering access to more profound knowledge or guidance that transcends ordinary human understanding. See Barbara Tedlock. "Divination as a way of knowing: Embodiment, visualization, narrative, and interpretation." *Folklore* (2001), 189.

<sup>133</sup> Personal Interview, Uninkpel Wadja, Ogyiri, Ghana, 13<sup>th</sup> January 2024.

<sup>134</sup> Personal Interview, Ntija Mano, Kpateri, Ghana, 9<sup>th</sup> January 2024. See Barbara Tedlock, "Divination as a Way of Knowing: Embodiment, Visualisation, Narrative, and Interpretation," *Folklore*, Vol. 112, No. 2 (2001), 191. As cited in Tasin, *A History of Konkomba Medical Culture*, 106.

<sup>135</sup> Hewson, "Traditional Healers," 1031.

<sup>136</sup> PRAAD (Accra) ADM 11/1/1914 Fetish Notes on Tigare. See also, M. J. Field, "Some New Shrines of the Gold Coast and Their Significance," *Africa: Journal of the International African Institute*, Vol. 13, No. 2 (1940), 139.

Konkomba healing practices by offering a holistic approach that includes spiritual insight in both diagnosis and treatment. They showed the community's ability to adapt and respond to changing needs while holding onto core spiritual beliefs. The use of divination has helped to deepen the understanding of health within the culture. It has also played an important role in preserving and passing down Konkomba identity and traditions.

Divination, furthermore, provided a unique lens through which healers could discern the metaphysical causes of diseases, complementing other diagnostic techniques. Davit Tait observed that:

The diviner's role is to identify the specific cause of a particular death from a limited set of possibilities. Broadly, diviners are consulted during instances of unnatural or unfortunate events. Through their work, individuals or groups uncover any ritual impediments or impurities that might threaten the success of their proposed endeavours. By performing the sacrifices recommended by the diviner, they can proceed with their plans, confident in a favourable outcome. Following unnatural or unfortunate events, the diviner's guidance enables the affected groups to take ritual actions to remove any ritual impurity or to rectify behavioural lapses that led to those events. Through sacrifice or repentance, the group that has experienced loss or misfortune can look forward to better times ahead.<sup>137</sup>

These spiritual revelations clarified the root causes and guided treatment strategies, directing healers towards specific herbal remedies, ritualistic interventions, or ceremonies aimed at restoring balance and healing.<sup>138</sup> This holistic approach emphasised the interrelation of spiritual and physical well-being within the Konkomba

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<sup>137</sup> Tait, "Role of the Diviner," 167.

<sup>138</sup> Tait, "Role of the Diviner," 167-168.

healing traditions, preserving its enduring significance in diagnosing and addressing illnesses.

## 2.5 Disease Treatment Strategies

In the pre-colonial period, the Konkomba believed that illness could result from violating social norms, especially those that disturbed the balance between the individual and the spiritual world. This disruption, known as *mfutam awein*, was seen as a cause of a person's worsening health. When such a situation occurred, the affected person was expected to seek help from specific spiritual figures. These included healers, guardians of clan or territorial deities, soothsayers, individuals with spiritual gifts called *n-yin*, and priests responsible for personal deities. Through these consultations, the community aimed to restore harmony and support healing.<sup>139</sup> The patient's confession initiated a sequence involving the performance of rituals, notably sacrifices aimed at appeasing the spirit world. Kenneth Ae-Ngibise et al. observed that:

Some traditional healers require confessions as the initial step before beginning treatment. They believe that if a person has engaged in wrongdoing or witchcraft, this could be the root cause of their ailment. Therefore, the individual needs to confess the truth before the appropriate remedy can be determined.<sup>140</sup>

Additionally, the patient partook in ancestral medicines like “jabun”. The primary healer could recommend supplementary ritual acts (*mbawol*) overseen by another healer.<sup>141</sup> The careful performance of these ritual prescriptions by the healer

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<sup>139</sup> Personal Interview, Nnaba Wajul, Tinawando, Ghana, 5<sup>th</sup> January 2024. See also Robert B. Edgerton, *Rules, exceptions, and social order*. Univ of California Press, 2022; Daniel Kasomo. "An investigation of sin and evil in African cosmology." (2009), 149.

<sup>140</sup> Kenneth Ae-Ngibise, Sara Cooper, Edward Adiibokah et al., "Whether you like it or not people with mental problems are going to go to them': a qualitative exploration into the widespread use of traditional and faith healers in the provision of mental health care in Ghana." *International review of psychiatry* 22, no. 6 (2010), 561.

<sup>141</sup> Personal Interview, Gmabi Banyifu, Pibila, Ghana, 1<sup>st</sup> January 2024.

was intended to restore balance between the patient and the spiritual world. This process aimed to promote healing and restore harmony within the cultural context of the Konkomba people. Within the savanna environment, historical colonial records document the use of herbs and plant-based treatments by the Konkomba and other nearby communities to manage a variety of illnesses. In 1955, E. Lewis, a government agent based in Yendi, observed and reported on these practices:

The plants regarded as curative among the Konkomba, and the Dagomba included *Ocimum americanum*, acacia, rehmennica, and other unidentified plants.<sup>142</sup>

The therapeutic compounds within the Konkomba medical tradition were diversified and administered in various forms. Liquid formulations were standard, including decoctions, infusions, oily mixtures, and mouthwashes.<sup>143</sup> Solid preparations, such as powders, ointments, and powdered dried herbs (limuil), were utilised for internal consumption, often combined with other liquids.<sup>144</sup> Doris Kumadoh and Kwabena Ofori-Kwakye noted that:

Herbs and plants can be prepared and utilised in various forms, including whole herbs, teas, syrups, essential oils, ointments, liniments, and capsules and tablets containing ground or powdered herbs or their dried extracts.<sup>145</sup>

"Limuil" (a name given to a local medicine in Likpakpanl among the Konkombas), a medicinal concoction, held significant importance among the

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<sup>142</sup> PRAAD (Tamale) NRG8/19/18 Fetish in the Northern Region.

<sup>143</sup> Mary-Ann Archer et al., "Combination and formulation of Ghanaian herbal products for the treatment and management of disease as a potent health tonic." In *Herbal Formulations, Phytochemistry and Pharmacognosy*, pp. 21-42. Elsevier, 2024.

<sup>144</sup> Personal Interview, Ujagnan Bilafo, Pibila, Ghana, 30th December 2023. See also, A. N. M. Alamgir, and A. N. M. Alamgir, "Herbal drugs: their collection, preservation, and preparation; evaluation, quality control, and standardization of herbal drugs." *Therapeutic Use of Medicinal Plants and Their Extracts: Volume 1: Pharmacognosy* (2017), 460.

<sup>145</sup> Doris Kumadoh, and Kwabena Ofori-Kwakye, "Dosage forms of herbal medicinal products and their stability considerations-an overview." *J Crit Rev* 4, no. 4 (2017), 1.

Konkomba for disease treatment. These medicinal concoctions, collectively known as "Nmui," comprised plant-based elements that could absorb pus and induce body contraction. A meticulously prepared "limuli" demonstrated a remarkable capacity for storage without succumbing to spoilage, contributing to its sustained relevance in the Konkomba medical practices.<sup>146</sup>

The 1904 annual report from the medical department in Gambaga documented prevalent health issues in the savanna zone, including guinea worm, fever, injuries, constipation, gonorrhoea, syphilis, and rheumatism. The report also highlighted the utilisation of herbal remedies for treating these diseases in the Northern Territories.<sup>147</sup> During the twentieth century, the Konkomba community grappled with various illnesses, and yellow fever, posed a significant health challenge.<sup>148</sup> Yellow fever, according to the World Health Organisation:

“It is caused by an arbovirus (a virus transmitted by vectors such as mosquitoes, ticks or other arthropods) transmitted to humans by the bites of infected *Aedes* and *Haemagogus* mosquitoes.”<sup>149</sup>

Yellow fever cases emerged in the colony during the first decade of the twentieth century. In 1913, the earliest documentation of yellow fever within the Northern Territories occurred, specifically among the Konkomba people.<sup>150</sup> David Bannister noted that:

From 1910 to the late 1930s, yellow fever occupied a singularly prominent position in Gold Coast medical reports, taking up more page space than any other disease, with cases and deaths described

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<sup>146</sup> Personal Interview, Ujagnan Bilafo, Pibila, Ghana, 30th December 2023.

<sup>147</sup> PRAAD (Accra) ADM 56/1/419 Annual Report on Medical Department, Gambaga, Northern Territories for 1904.

<sup>148</sup> World Health Organization, “Yellow Fever – Ghana,” *WHO Disease Outbreak News*, accessed November 7, 2025, <https://www.who.int/emergencies/disease-outbreak-news/item/yellow-fever---ghana>.

<sup>149</sup> World Health Organization, “Yellow Fever.”

<sup>150</sup> Gold Coast Annual Report (GCAR), 1913, 25. See also Tasin, *A History of Konkomba Medical Culture*, 119.

individually. This fixation was shaped by the availability of external research funding, indicating how donor priorities can affect healthcare outcomes.<sup>151</sup>

Before this period, documented cases were limited to coastal towns. This observation does not imply an absence of the disease before 1913; instead, it underscored the inadequacies in British medical infrastructure and reporting mechanisms within the savannah zone during that era. In the 1930s and 1940s, numerous accounts of yellow fever emerged from various regions of the Gold Coast.<sup>152</sup>

Within the pre-colonial Konkomba society, diverse plant resources were put together for treating fever, also called steam therapy, with some of these traditional remedies persisting into the post-colonial era. Medications such as the leaves of the lemon tree (*Citrus limon*, locally known as linyol aasub) and the neem tree (referred to as nyimse) were employed in treating fever. In such instances, the patient would be covered with a cloth or blankets, while a receptacle containing the infused water derived from either lemon or neem leaves was positioned nearby. The individual would inhale the steam (kiduduk) emanating from the boiled water as part of the therapeutic process.<sup>153</sup> Kevin P. Groark observed that:

The effectiveness of steambathing comes from its dual approach, combining both restorative and cleansing methods. When "warm" medicines are consumed within the steam bath, the body is heated from inside and outside, boosting internal warmth while driving out the "cold winds" that cause illness.<sup>154</sup>

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<sup>151</sup> David Bannister, "Public health and its contexts in northern Ghana, 1900-2000." PhD diss., SOAS University of London, 2017, 48.

<sup>152</sup> Tasin, *A History of Konkomba Medical Culture*, 119.

<sup>153</sup> Personal Interview, Talen Nimor, Ipoalindo, Togo, 28<sup>th</sup> January 2024.

<sup>154</sup> Kevin P. Groark. "Vital warmth and well-being: steam bathing as household therapy among the Tzeltal and Tzotzil Maya of highland Chiapas, Mexico." *Social Science & Medicine* 61, no. 4 (2005), 789.

Additionally, medicinal prescriptions took on smoky forms, involving steam preparations and fumigation practices like “n-nyornyim” (incense-like medicine). These medicinal compounds were dispensed individually or as complex mixtures, with specific components serving as preservatives, flavour enhancers, and colouring agents to cater to diverse therapeutic needs, including fever.<sup>155</sup>

Another form of disease treatment among the Konkomba was incision. Incisions were systematically made on the skin, often targeting areas like the face, chest, or ankle, using precision instruments. Subsequently, a powdered medicinal substance was meticulously applied to these incisions, inducing significant penetration to provoke bleeding. The medicament used in this process was crafted by burning diverse herbs, resulting in a substance akin to charcoal, referred to as n-nyorborn.<sup>156</sup> Notably, this carbonising process could lead to the degradation or reduction of active principles within the herbs. External medicinal preparations comprised shea oil and later palm kernel oil. Additionally, other skin formulations were dissolved into these oils, and various solvents such as water, alcohol, honey, and cow milk, were subsequently administered to the skin.<sup>157</sup>

Therapeutic abstinence and nutritional regulations constituted another integral facet of medical treatment within the Konkomba community. After certain indigenous surgical interventions, specific dietary restrictions were imposed to facilitate the expeditious healing of wounds. Patients were instructed to abstain from foods, such as chicken or goat meat, for designated periods if these items were deemed incompatible with the ongoing treatment.<sup>158</sup> For instance, during the treatment of wounds, the

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<sup>155</sup> Tasin, *A History of Konkomba Medical Culture*, 107.

<sup>156</sup> Personal Interview, Tanain Njonam, Bonakye, Ghana, 21<sup>st</sup> January 2024.

<sup>157</sup> Tasin, *A History of Konkomba Medical Culture*, 107- 108.

<sup>158</sup> Personal Interview, Tikayi Mayin, Sibi Ghana, 22<sup>nd</sup> December 2023. See also Andreas Michalsen and Chenying Li, "Fasting therapy for treating and preventing the disease-current state of evidence."

consumption of okro soup or other glutinous foods was strictly prohibited. In some instances, religious considerations played a role in declaring certain plants and foods forbidden. Dietary recommendations extended to ailments, with injunctions against consuming beef, mutton, and mangoes in cases of fever, eye ailments, or gonorrhoea, reflecting a nuanced intersection of Indigenous medicinal practices and cultural beliefs among the Konkomba.<sup>159</sup>

It is important, however, to note that, in the Konkomba community, therapeutic abstinence and nutritional regulations were not only physical health practices; they were deeply intertwined with spiritual beliefs and cultural norms.<sup>160</sup> Central to these practices is the concept of ritual purity, which played a critical role in their approach to health and healing. An interview with a Traditional Priest responsible for the Kurpor deity at Ogyir, a Konkomba community in the Oti region, revealed that:

One of the primary spiritual reasons for dietary abstinence was the concept of ritual purity. Within the Konkomba belief system, certain foods were thought to contaminate the body or spirit, disrupting the healing process. Maintaining ritual purity was essential for effective healing, and abstaining from these foods ensured that the patient's body and spirit aligned with the healing practices. For instance, after indigenous surgical interventions, specific dietary restrictions were imposed to facilitate the expeditious healing of wounds. Foods such as chicken or goat meat were deemed incompatible with the ongoing treatment and were avoided to maintain this purity.<sup>161</sup>

These practices underscore the importance of viewing health through a multifaceted lens that included spiritual and cultural dimensions. In addition, the belief

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*Complementary Medicine Research* 20, no. 6 (2013), 444-453. ; *Science.gov*, "African Traditional Healers," *Science.gov*, accessed May 4, 2024, <https://www.science.gov/topicpages/a/african+traditional+healers>.

<sup>159</sup> Personal Interview, Binyanla Tala, Opijua, Ghana, 5<sup>th</sup> December 2023.

<sup>160</sup> Personal Interview, Tanain Njonam, Bonakye, Ghana, 21<sup>st</sup> January 2024.

<sup>161</sup> Personal Interview, Makijah Adai, Ogyiri, Ghana, 24<sup>th</sup> January 2024.

in the influence of ancestors and spirits on health and well-being further informed dietary abstinence among the Konkomba. They believed that ancestors and spiritual entities played a crucial role in the health of individuals.<sup>162</sup> An interview with a herbalist noted that:

Some medicinal therapies, known as ancestral medicines, were inherited from powerful ancestors who were respected in society for their healing abilities. As a result, specific dietary restrictions were imposed on patients to honour and appease these spiritual entities, ensuring their favour and support in the healing process. Abstaining from specific foods was seen as a form of respect and a plea for spiritual assistance, underscoring the importance of maintaining harmony with the spiritual realm."<sup>163</sup>

More so, cleansing rituals were often accompanied by dietary abstinence, further emphasising these practices' spiritual dimensions. Abstaining from certain foods was part of a broader cleansing ritual to prepare the body and spirit for healing.<sup>164</sup> This ritual purification removed impurities that might have obstructed the healing process, ensuring the patient was spiritually ready to receive treatment.<sup>165</sup> Such practices highlighted the holistic nature of Konkomba medical beliefs, where cleansing the spirit was as important as treating the body.

The use of heat from fire also played an important role in Konkomba healing practices. Radiant heat from burning charcoal placed in a container was used to treat certain illnesses. In many cases, powdered herbs, known as *n-nyornyum*, were added to the fire. This produced smoke believed to have healing properties. The combination of heat and medicinal smoke formed a key part of traditional therapy, reflecting the

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<sup>162</sup> Personal Interview, Kwaku Udimal, Ogyiri, Ghana, 27<sup>th</sup> January 2024

<sup>163</sup> Chad K. Brands, "Creating Solutions for those with Chronic Health Factors." *Physician Leadership Journal* 6, no. 3 (2019), 48-49.

<sup>164</sup> Personal Interview, Kumbon Jato, Ogyiri, Ghana, 19<sup>th</sup> May 2024.

<sup>165</sup> Kumbon Jato, Interview.

Konkomba's deep knowledge of local resources and their healing potential.<sup>166</sup> The patient undergoing heat therapy would either recline near the fire or sit facing it, positioning the affected body parts, such as the back or knee, toward the heat source.<sup>167</sup>

Nwokeke Chinyere Celine and Igwillo Ugochukwu Clifford noted that:

In African traditional medicine, heat therapy is widely recognised for its therapeutic benefits and is used to treat a range of conditions, including sickle cell disease, primary dysmenorrhea, musculoskeletal pain, trauma, inflammatory and degenerative rheumatic diseases, osteoarthritis, acute and chronic nonspecific low back pain, fibromyalgia, cutaneous leishmaniasis, tumours, musculoskeletal injuries, and diabetic kidney disease. The primary goal of this therapy is to dilate blood capillaries and enhance blood flow to the affected area, promoting healing.<sup>168</sup>

In specific treatment approaches, the patient covered themselves and the heat source with a cloth, particularly when inhaling the fragrant smoke produced by the "n-nyornyum" added to the fire. This form of therapy has been found to be applicable in cases of unconsciousness, with the belief that it enhanced circulation and induced sweating. It was particularly recommended for elderly individuals or those experiencing fever.<sup>169</sup>

Massage therapy within the Konkomba medical practice was a tactile and integral aspect of their therapeutic practices. Employing the fingertips and palms, practitioners administer massages with the understanding of the body's energy flow and musculoskeletal structure.<sup>170</sup> This method was focused on physical relief and deeply

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<sup>166</sup>Personal Interview, Mabengban Kofi, Nanteng, Ghana, 12<sup>th</sup> December 2023.

<sup>167</sup> Personal Interview, Ogaja Wumbornye, Bimbila, Ghana, 17<sup>th</sup> December 2023.

<sup>168</sup> Nwokeke Chinyere Celine and Igwillo Ugochukwu Clifford, "A review of heat therapy in African traditional medicine." *Journal of Health and Environmental Research* 6, no. 3 (2020), 87.

<sup>169</sup> Tasin, *A History of Konkomba Medical Culture*, 111.

<sup>170</sup> Personal Interview, Naador Njonam, Ujagando, Ghana, 27<sup>th</sup> December 2023. See also, Fanny Airoso, Torkel Falkenberg, Gunnar Öhlé et al., "Tactile massage or healing touch: caring touch for patients in

embedded in the cultural and spiritual dimensions of Konkomba healing. Massage was often tailored to address specific ailments, promoting the circulation of blood, easing tension, and fostering a sense of overall well-being.<sup>171</sup> For example, Warranittha Chan-iam et al. explained the use of massage therapy in treating paralysis, focusing on techniques to stimulate muscle responsiveness. These authors noted that:

The treatment begins with gentle finger massages on limp muscles, often combined with hot herbal compresses. These massages involved light touches and pressure on the arms, legs, and muscles, using herbal oils to alleviate muscle and tendon tension. Applying herbal compresses, whether hot or cold, further stimulates the nerves and enhances the patient's responsiveness, ultimately improving blood circulation. This systematic approach is applied to various body parts, including the legs, arms, shoulders, neck, head, and face.<sup>172</sup>

This tactile nature of massage aligns with Konkomba's beliefs in connecting physical and spiritual health. Moreover, it underscored the community's holistic approach to healing, acknowledging the importance of touch in restoring and maintaining balance within the individual.

The Konkomba community, engaged in agricultural pursuits, commonly confronted illnesses such as waist, back, and chest pains and joint strains emanating from their farming activities. Medicinal plants served as fundamental remedies for

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emergency care—A qualitative study." *European Journal of Integrative Medicine* 5, no. 4 (2013), 379; Joanna M. Smith, John Sullivan, and G. David Baxter, "The culture of massage therapy: valued elements and the role of comfort, contact, connection and caring." *Complementary therapies in medicine* 17, no. 4 (2009), 182; Mary Beth Braun and Stephanie J. Simonson, *Introduction to massage therapy*. Lippincott Williams & Wilkins, 2008; K. Andersson, P. Wändell and L. Törnkvist, "Working with tactile massage—A grounded theory about the energy controlling system." *Complementary Therapies in Clinical Practice* 13, no. 4 (2007), 259.

<sup>171</sup> personal Interview, Mabengban, Nanteng, Ghana, 5<sup>th</sup> December 2023. See also, William Collinge et al., "Massage in supportive cancer care." In *Seminars in oncology nursing*, vol. 28, no. 1, pp. 45-54. WB Saunders, 2012, 47.

<sup>172</sup> Warranittha Chan-iam, Boonsom Yodmalee, and Muntana Nakornriab. "Thai traditional medicine at wat nong ya nang buddhist, Uthai Thani province." *Journal of Food Health and Bioenvironmental Science* 12, no. 2 (2019), 45.

addressing these physical discomforts.<sup>173</sup> Waist or back pain, characterised as a condition affecting the musculoskeletal structures of the back due to joint issues or strains, found therapeutic solutions in botanical sources such as the bark of mahogany (*Swietenia*, known locally as likpul), the kikachan plant, and the gbema plant.<sup>174</sup> The prescribed medicinal plants underwent meticulous preparation, involving cleaning and segmentation, followed by compaction into a condensed, ball-like form known as "limuil." Warranittha Chan-iam et al. clarified that:

Herbal compression balls are crafted from fresh herbs and plants, carefully measured according to a specific formula, crushed into a fine blend, and wrapped in a clean cloth. These balls are then steamed until they reach the right firmness for application. They are used in different areas of the body to alleviate pain and are also employed in massages to relax muscles and ligaments. This treatment aids in restoring respiratory health and improving blood circulation throughout the body.<sup>175</sup>

Treatment entailed making incisions around the patient's waist, and the dissolved "limuli", mixed with a small quantity of water, was then applied to alleviate the pain and ensure blood circulation in the body.<sup>176</sup>

In complement to their approach to managing ailments, the Konkomba employed a distinctive method in instances where the healthcare practitioner encountered challenges in precisely identifying the nature of an illness or disturbances within the patient's physiology through rigorous diagnostic procedures. In such situations, a remedy known as Gbalk was prescribed.<sup>177</sup> Notably, Gbalk was not tailored

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<sup>173</sup> Personal Interview, Ndati Mayi, Pibila, Ghana, 5<sup>th</sup> December 2023.

<sup>174</sup> Personal Interview, Nachipoan Kunbon, Danado, Ghana, 25<sup>th</sup> December 2023.

<sup>175</sup> Warranittha, Yodmalee, and Nakornriab, "Thai Traditional Medicine," 45.

<sup>176</sup> Personal Interview, Nachipoan Kunbon, Danado, Ghana, 25<sup>th</sup> December 2023.

<sup>177</sup> "An interview with ... Kabuja balatorb on 13th February 2014 at Abunyanya, Volta Region of Ghana," in Oliver Kofi Tasin, "A History of Herbal Medicine Among the Konkomba" (B. A diss, University of Cape Coast, 2014), 22. As cited in Tasin, *A History of Konkomba Medical Culture*, 87.

to a specific sickness but served a universal therapeutic purpose, irrespective of the ailment affecting an individual.

Gbalk, as a therapeutic preparation within Konkomba, involved a mixture of ingredients, including the Shea Butter tree (*Butyrospermum parkii*, recognized as bikpasumb in Konkomba), the Dawadawa tree (referred to as bidub), and the incorporation of a fowl.<sup>178</sup> The Shea Butter and Dawadawa tree roots were finely segmented and subjected to a controlled toasting process in a pan, transforming into a well-cooked, charcoal-like state referred to as "n-nyorborn."<sup>179</sup> Subsequently, this charcoal-like substance underwent further refinement through grinding, blended with Shea Butter, and enclosed in a fabric wrap, secured with an additional cloth. This composite blend was then fastened around either the patient's leg or hand as part of the therapeutic application.<sup>180</sup> A Konkomba traditional priest stated that Gbalk, a traditional form of medicine, is one of the key ancestral medicines passed down through generations, with its effectiveness depending on adherence to fundamental ethical principles. According to the priest:

Society is influenced by spiritual and physical forces, which can promote well-being or cause harm. Therefore, Gbalk is administered to the sick for protection and healthy individuals as a preventive measure. I often advised my household and community members to wear Gbalk, whether around the waist, leg, or wrist, when traveling or visiting someone, particularly if they suspected the person harbours ill intentions"<sup>181</sup>

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<sup>178</sup> Personal Interview, Ntelabe Uja, Danado, Ghana, 9<sup>th</sup> December 2023.

<sup>179</sup> Uja, Interview. See also, Tasin, *A History of Konkomba Medical Culture*, 88.

<sup>180</sup> Personal Interview, Maganibe Njabu, Jatodo, Ghana, 5<sup>th</sup> December 2023. See also, Tasin, "A history of Konkomba medical culture", 88.

<sup>181</sup> Personal Interview, Tayi Makinye, Mangoase, Ghana, 27<sup>th</sup> March 2024.

Gbalk, functioning as a comprehensive and potent remedy, held significance in defending patients from malevolent individuals who might harbour hateful intentions when visiting the ailing.<sup>182</sup> Additionally, its purpose extended to mitigating the adverse consequences of intra-familial or intra-clan rivalries, recognised as "tipuchand" within Konkomba cultural contexts.<sup>183</sup>

## 2.6 Conclusion

The historical development of Konkomba medicine shows a strong connection between culture, spirituality, and the environment. These factors have shaped the community's distinctive healing practices. Rooted in ancient traditions and closely tied to the savannah landscape, Konkomba medicine encompasses a diverse range of herbal knowledge, ritual healing practices, and communal care. These practices are designed to meet health needs as understood within the local context. Health is viewed in holistic terms. Illness is a physical condition and a sign of imbalance within the spiritual and social world.

Diagnostic processes are often detailed and include several layers of interpretation. Treatments also vary, with the use of "Gbalk" standing out as a widely known remedy. Such examples show the flexibility and strength of Konkomba healing systems. Even through colonial rule and the growing influence of Western medicine, these traditions have remained central to daily life and cultural identity. They continue to reflect the profound impact of history, belief, and environmental knowledge on how the Konkomba understand health. The next chapter will explore Konkomba perspectives, rituals, and medical cosmology in greater detail. It will explain the cultural logic that shapes their views on illness, healing, and well-being.

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<sup>182</sup> Tasin, *A History of Konkomba Medical Culture*, 88

<sup>183</sup> Njabu, Interview. See also, Tasin, *A History of Konkomba Medical Culture*, 88.

## CHAPTER THREE

### THE PERSPECTIVES, RITUAL PRACTICES, AND MEDICAL COSMOLOGY OF THE KONKOMBA UP TO 1970

#### 3.0 Introduction

This chapter examined how Konkomba beliefs, ritual practices, and medical cosmology formed a core part of their cultural identity and social life. It explored the sacred elements in Konkomba cultural stories and showed that these beliefs are not just abstract ideas. They are lived experiences, expressed through daily actions and traditions. Konkomba medical cosmology offered a way to understand the connection between the physical and spiritual worlds. It guided how individuals behave and how the community approached health and healing.

These beliefs are not fixed or purely symbolic in nature. They work as active cultural systems expressed through ritual and practice. They helped maintain spiritual balance and preserve links to ancestral traditions. This chapter argued that Konkomba healing integrates belief, ritual, and cosmology into a unified system. This system is both spiritual and practical in nature. It treated illness and misfortune while also fostering community identity and environmental awareness.

The broader Konkomba cultural structure is carefully designed to meet various human needs. These included physical, spiritual, material, political, economic, and healing needs. At its centre, there was a holistic social model where each part of the culture supports the well-being of the individual and the group. In this way, Konkomba life reflected a complete system where knowledge, belief, and practice work together to promote unity and health.<sup>184</sup> In this context, culture may be construed as the

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<sup>184</sup> Personal Interview, Ntugma Mayi, Opijua, Ghana, December 28, 2023.

collective antidote or remedy devised by a community to address the multifarious challenges inherent in human existence.<sup>185</sup> Ritual practices emerged as expressive interactions with the divine, each ceremony acting as a mark on the image of cultural expression, weaving threads of spirituality and communal identity.<sup>186</sup> Konkomba rituals played a crucial role in marking significant life events and fostering a close connection with the natural world. These rituals took place in sacred spaces, where the community engaged with spiritual forces believed to influence daily life.

Additionally, Konkomba medical cosmology provided a comprehensive and holistic perspective on health. It transcended the limits of modern medicine by connecting the physical body with the spiritual and cosmic realms. This approach drew on ancestral knowledge and a deep respect for nature. It reflected a healing tradition that sees well-being as the result of a balance between human life, the environment, and the spiritual realm.<sup>187</sup>

### 3.1 Konkomba Worldview

Understanding the Konkomba worldview requires exploring the shared beliefs of people closely tied to their land, ancestors, and the spiritual world. At the heart of this worldview is the idea that human life must exist in harmony with nature. This belief shaped how the Konkomba relate to their environment and guides their social and spiritual practices. It reflected a deep respect for the balance between people, the earth,

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<sup>185</sup> Nyibe, Interview.

<sup>186</sup> MDPI, "Rituals and Embodied Cultural Practices at the Beginning of Life: African Perspectives," *Religions* 12, no. 11 (2021), accessed May 11, 2024, [https://www.mdpi.com/2077-1444/12/11/1024?type=check\\_update&version=1](https://www.mdpi.com/2077-1444/12/11/1024?type=check_update&version=1); Kumar Sinha, Pritam. "Harmonizing with the Earth: The Spiritual Essence of Tribal Rituals." Medium. Published May 2023. Accessed 13th May 2024. <https://medium.com/@pritamkumarsinha/harmonizing-with-the-earth-the-spiritual-essence-of-tribal-rituals-80f479bc33c5>

<sup>187</sup> WorldCat, *The Implications of Thomas Berry's Cosmology for an Understanding of the Spiritual Dimension of Human Health*, accessed January 11, 2025, [https://www.academia.edu/80122858/The\\_implications\\_of\\_Thomas\\_Berrys\\_cosmology\\_for\\_an\\_und\\_erstanding\\_of\\_the\\_spiritual\\_dimension\\_of\\_human\\_health\\_microform\\_](https://www.academia.edu/80122858/The_implications_of_Thomas_Berrys_cosmology_for_an_und_erstanding_of_the_spiritual_dimension_of_human_health_microform_).

and unseen forces.<sup>188</sup> The Konkomba saw themselves as custodians of the Earth, entrusted with the stewardship of its resources and preserving its balance.<sup>189</sup> At the core of Konkomba cosmology laid a profound reverence for the spiritual realm.<sup>190</sup> In Konkomba tradition, the prefix "U," which signifies divinity, is merged with "wum," meaning "to enlighten," and "bor," which stands for "chiefly." Together, these elements expressed the idea of a supreme, enlightened Being, symbolising the all-knowing force that rules the universe.<sup>191</sup> Elizabeth Onyedima Ezenweke established that:

Africans believe in a Supreme Being, recognised as the creator of the universe and everything within it. Alongside this belief, they also acknowledged the existence of other spiritual forces, each endowed with specific powers for purposes. Among these spiritual entities, the veneration of ancestors held a significant place.<sup>192</sup>

The Supreme Being was seen as all-knowing and held ultimate authority over the universe. The name reflected both spiritual power and leadership within the Konkomba understanding of the divine.<sup>193</sup> Aniekan Etim Nana noted that:

In African belief, the Supreme Being is all-powerful, all-knowing, and omnipresent. It is thus the responsibility of humans to maintain harmony with the cosmos and cultivate a harmonious relationship with their environment to sustain perfect harmony with the Supreme Being.<sup>194</sup>

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<sup>188</sup> Personal Interview, Ntugma, Opijua, Ghana, December 28, 2023. See also Stephen R. Kellert and Timothy Farnham, eds, *the good in nature and humanity: connecting science, religion, and spirituality with the natural world*. Island Press, 2013; Haicui Yang, "A discussion on the harmonious relationship of human, nature and society." *Advances in Applied Sociology* 8, no. 08 (2018), 613.

<sup>189</sup> Zimoń, "Earth beliefs", 79.

<sup>190</sup> Personal Interview, Nwalam Kwesi, Napa Kura Ghana, December 30, 2023.

<sup>191</sup> Personal Interview, Gulundo Gmanyifu, Ogyiri, Ghana, February 25, 2024.

<sup>192</sup> Gmanyifu, Interview.

<sup>193</sup> <sup>193</sup> Tasin, *A History of Konkomba Medical Culture*. 72

<sup>194</sup> Nana, "Impact of Ecology," 164.

Regarding health, “Uwumbor” was perceived as the universal healer for all humanity.<sup>195</sup> In clear terms, this underscored the paramount importance of the Supreme Being in Konkomba medical practices.<sup>196</sup> This significance is reflected in everyday phrases like “Uwombor ndo si ewein” (may the Supreme Being heal you), emphasising His integral role in spiritual and health aspects among the Konkomba people. The widespread recognition of the Supreme Being (Uwumbor) is such that prayers directed towards Him are an inherent part of every indigenous medical practice within the Konkomba community.<sup>197</sup> The recitation of such prayers was conducted with profound seriousness. A standard prayer to the Supreme Being in the Konkomba language would sound like this:

Ntedan Uwumbor saa nyisum me na. Litigbaln saa nyisum me na.  
Litingbaln atikpiib naa nyisum me na. Tiyaaja tiib na nyisum me na.  
Nwa kɔkɔɔ na nyisum me na. Dam man kila fo na dam. Ti yi ne litafa  
suln pun<sup>198</sup>

This translates as:

The Supreme Being, the universe's protector, receives your drinks. Earth deity, receive your drinks. Ancestors of the Earth, receive your drinks. Grandfathers receive your cold beverages. All unknown deities and spirits receive your cold drinks. Come and receive your drinks. We call on you in peace.

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<sup>195</sup> Another version of the etymology of the name Uwombor is the U (the prefix of humanity) +wom (enlightened) + bor (chief), which means the chief of humankind. An interview with Ujabu Sowin. As cited Tasin, "A history of Konkomba medical culture", 72.

<sup>196</sup> Personal Interview, Gulundo Gmanyifu, Ogyiri, Ghana, February 25, 2024.

<sup>197</sup> Tasin, *A History of Konkomba Medical Culture*, 72.

<sup>198</sup> Personal Interview, Yabaki Mukanjor, Kpassa-Ago, Ghana, February 14, 2024. See Henryk Zimon, "The Sacredness of the Earth among the Konkomba of Northern Ghana," *Anthropos*, Bd. 98, H. 2. (2003), 429; A. W. Cardinal, "Some Random Notes on the Customs of the Konkomba," *Journal of the Royal African Society*, Vol. 18, No. 69 (1918): 45-62. As Tasin, *A History of Konkomba Medical Culture*, 73.

This prayer reflected the Konkomba's deep spiritual beliefs, closely linked to their understanding of health and well-being. It involved appeals to various spiritual beings, including the Supreme Being, the earth deity, ancestors, and other unknown spirits. Through these invocations, prayer creates a bridge between the physical and spiritual worlds. Offering cold drinks served as a sign of respect and hospitality. It symbolised a desire to refresh and nourish the spirits, which can be understood as a metaphor for the essential elements needed to maintain good health. The prayer also highlighted the value placed on peace and harmony. These qualities were considered necessary for emotional and mental well-being. In this way, prayer reflected a holistic view of health, where physical, emotional, and spiritual well-being are deeply connected. This approach illustrates how ritual and belief converge in Konkomba culture to foster individual and communal well-being.

The Konkomba also believed in a pantheon of deities such as the ancestral or clan deities, territorial deities and other adopted deities such as Tigare, Kurpor, etc., and supernatural forces influencing their daily lives.<sup>199</sup> These spiritual entities were abstract concepts and active participants in the affairs of the living, guiding and protecting their descendants as they navigated the challenges of existence.<sup>200</sup> The understanding of health within the Konkomba culture was shaped by their interpretation of the movement of cosmic spirits, which they perceived through dreams, encounters

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<sup>199</sup> Personal Interview, Njonam Lakorba, Danlari Kura, Ghana, 17<sup>th</sup> February 2024. See also, PRAAD (Accra) ADM 11/1/1914 Fetish Notes on Tigare; Julie J. Exline et al., "Supernatural operating rules: How people envision and experience God, the devil, ghosts/spirits, fate/destiny, karma, and luck." *Psychology of Religion and Spirituality* (2021); Lyle B. Steadman et al., "The universality of ancestor worship." *Ethnology* 35, no. 1 (1996), 73.

<sup>200</sup> Personal Interview, Nnala Munyi, Danlari Kura, Ghana, 17<sup>th</sup> February 2024. See also Gregory Cajete, *Look to the mountain: An ecology of indigenous education*. Kivaki Press, 585 E. 31st St., Durango, CO 81301, 1994; Sussy Gumo, Simon O. Gisege, Evans Raballah et al., "Communicating African spirituality through ecology: Challenges and prospects for the 21st century." *Religions* 3, no. 2 (2012), 523-543; Tu Weiming, "The ecological turn in new Confucian humanism: Implications for China and the world." *Daedalus* 130, no. 4 (2001), 243-264.

with certain animals in their history, and the practice of divination. This holistic approach to health reflected the interconnection of spiritual beliefs, ancestral experiences, and traditional methods of insight.<sup>201</sup>

Many health practitioners, including Konkomba healers, focused their healing methods on direct communication with earthly entities. In the case of Konkomba medical practitioners, their affiliation with a specific clan meant their health practices were deeply embedded in the veneration and communication of the clan deity.<sup>202</sup> Due to the numerous clans within the Konkomba community, individuals from each clan aligned themselves with a specific clan deity, tracing its origins to a revered ancestor. The Konkomba's clan deity, known as “leyaajawal,” represented a universal earthly deity worshipped exclusively by a particular clan.<sup>203</sup> Among the Konkomba, the clan deity was tied to the ancestral narrative of an animal or plant credited with saving the life of the clan's eponymous ancestor. To honour the significant role of this entity, clan members were forbidden from consuming such animals' meat. Breaching this prohibition was believed to result in contracting an incurable disease.<sup>204</sup> For instance, the Bidondom clan refrains from consuming monkey meat, while the Chatiib clan strictly prohibits the consumption of monkeys.<sup>205</sup>

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<sup>201</sup> Personal Interview, Yabaki Mukanjor, Kpassa-Ago, Ghana, 14<sup>th</sup> February 2024.

<sup>202</sup> Lyle B. Steadman, Craig T. Palmer, and Christopher F. Tilley. "The universality of ancestor worship." *Ethnology* 35, no. 1 (1996), 64; George Benson. "African traditional religion and natural resource management: the role of totems and deity worship in Ghana." *American Journal of Environment Studies* 4, no. 1 (2021), 13.

<sup>203</sup> Personal Interview, Mayi Kwasi, Opijua, Ghana, December 28, 2023.

<sup>204</sup> Personal Interview, Ntimor Wajul, Kpassa-Ago, Ghana, February 18, 2024.

<sup>205</sup> Personal Interview, Njonam Lakorba, Danlari Kura, Ghana, February 20, 2024.

Another aspect of the Konkomba belief is their reverence for ancestors. The Konkomba viewed ancestor veneration as a religion and as a religious aspect that signifies a connection beyond human power.<sup>206</sup> Matthew R. Sayers noted that:

Ancestor veneration is a religious practice that focuses on the influence of deceased relatives on their living. Ancestors are revered as semi-divine beings who receive offerings and bestow blessings, protection, and prosperity upon those who honoured them.<sup>207</sup>

Across the Konkomba communities of northern Ghana, ancestral veneration formed a cornerstone of spiritual life and societal cohesion. This reverence extended beyond familial homage to encompass a complex interplay of ritual, memory, and communal identity. It is important to note that the Konkombas revered and praised their ancestors but do not adore them. A.K. Okpoku posited that:

Africans hold their ancestors in reverence rather than worship. This distinction reflects the vital connection the living maintains with their ancestors, essential for the very essence of life. Ancestors served as custodians of family traditions and life, assuming roles as guides, disciplinarians, and intermediaries between the Supreme Being (God), divinities, and humanity.<sup>208</sup>

The Konkomba people viewed their ancestors as guardians of tradition and wisdom and as spiritual intermediaries, essential for maintaining harmony between the living and the spiritual realms.<sup>209</sup> Elizabeth Onyedinma Ezenweke clarified that:

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<sup>206</sup> Eswarappa Kasi and Gladis S. Mathew, "Ancestor worship." In *Encyclopedia of Psychology and Religion*, pp. 75-79. Cham: Springer International Publishing, 2020, 1.

<sup>207</sup> Matthew R. Sayers, *Feeding the dead: Ancestor worship in ancient India*. Oxford University Press, 2013.

<sup>208</sup> Mike Ushe, "God, divinities and ancestors in African traditional religious thought." *African Traditional Religion and Philosophy: Essays on an Ancestral Religious Heritage*. Bloomington: AuthorHouse (2022), 175.

<sup>209</sup> Kasi and Mathew, "Ancestor worship", 1.

Ancestors are revered as possessing a sacred, superhuman status, endowed with unique spiritual powers that can either bless or harm their living relatives. Although they are believed to favour certain locations, such as shrines, specific trees, bushes, or graveyards, they are also thought to express their displeasure by inflicting physical or spiritual misfortunes upon their descendants.<sup>210</sup>

Due to their beliefs in the significant role of ancestors, the Konkomba buried elders and wealthy male individuals who qualified as ancestors in front of their homesteads. Female individuals who qualified as ancestors were interred inside their husbands' homesteads.<sup>211</sup> Akwasi Kwarteng Amoako-Gyampah clarified that:

Contrary to European accounts that privileged home burials, many people buried on the homestead, either in the courtyard or beneath the floors of rooms, were elderly and wealthy individuals who qualified as ancestors. In contrast, commoners, criminals, infants, and those who died unnatural deaths were buried outside the home or discarded in the bush, in the liminal zones of the community designated for such purposes.<sup>212</sup>

The Konkomba understanding of human existence involved two fundamental concepts: life within the universe and life in the underworld, also known as the ancestral world (yaajatib). This duality formed the foundation of human existence, emphasising a holistic view that transcended notions like "you only live once."<sup>213</sup> Instead of viewing life as a linear journey bounded by birth and death, the Konkomba recognised the cyclical nature of existence, wherein individuals were interconnected with the physical and spiritual dimensions of reality. Akwasi Kwarteng Amoako-Gyampah again established that:

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<sup>210</sup> Kasi and Mathew, "Ancestor worship", 1.

<sup>211</sup> Personal Interview, Waaki Yonba, Damanko, Ghana, February 19, 2024.

<sup>212</sup> Amoako-Gyampah, "The public health question", 300.

<sup>213</sup> Personal Interview, Uninkple Yakor, Damanko, Ghana, 16<sup>th</sup> February 2024.

There is a widespread belief that the soul or spirit continues to exist after death, either returning to the creator or residing with the ancestors. This belief in an afterlife and the enduring presence of ancestors significantly influenced the development of elaborate and intricate mortuary rituals and practices in pre-colonial Ghanaian societies, including the tradition of home burials.<sup>214</sup>

This holistic perspective informed every aspect of Konkomba life, from cultural practices and social norms to health beliefs and spiritual rituals. It fostered a deep reverence for the connection of all life forms and the continuity of existence beyond the confines of mortal existence.<sup>215</sup>

In contrast to life within the universe, the ancestral world, or “yaajatib” represented the spiritual realm inhabited by the spirits of ancestors. As part of the burial rituals, the Konkomba people performed ceremonies to ensure the deceased's transition into the ancestral world. These rituals focused on guaranteeing the deceased's ritual purity before burial, facilitating their passage into the abode of the ancestors.<sup>216</sup> The Konkomba believed that the ancestral world resided beneath the physical realm of the living. Reflecting this belief, the presence of the ancestral world at the right corner of a man's house symbolised the Konkomba's social health. This designated corner served as a sacred space where regular prayers and sacrifices were offered to honour and connect with their ancestors.<sup>217</sup> A. K. Awedoba has observed that in the Northern territories:

The traditional religious beliefs still count for much among the peoples of the North. There is frequent recourse to the ancestors and the

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<sup>214</sup> Amoako-Gyampah, “Public Health Question,” 297.

<sup>215</sup> Personal Interview, Uninkple Yakor, Damanko, Ghana, 16<sup>th</sup> February 2024.

<sup>216</sup> Amoako-Gyampah, “The public health question”, 300.

<sup>217</sup> Personal Interview, Nimor Konja, Nkwanta, Ghana, 19<sup>th</sup> February 2024.

divinities to account for incidents in people's lives. Sacrifices were made to invite the intercession of the ancestors and the local gods.<sup>218</sup>

This described the enduring significance of traditional religious beliefs among the peoples of the North, including the Konkomba. These beliefs played a central role in daily life, with frequent appeals made to ancestors and local deities to explain events and occurrences. Ritual sacrifices were performed to seek intervention or favour from these spiritual entities.

Ancestral veneration was perceived as a communal family practice by the family patriarch or head. It functioned as the nucleus of moral and social cohesion within the family, fostering a sense of unity and shared responsibility among its members who partook in the rituals together.<sup>219</sup> Ancestors were perceived as integral, ever-present members of the community, actively engaged in its affairs and exerting influence on the well-being of its members.<sup>220</sup> Their veneration stemmed from their dual significance in material and spiritual realms. The Konkomba believe that if the living generation neglects to honour their deceased ancestors, the ancestors' spirits will curse them, resulting in misfortune for their children.<sup>221</sup> C. Nyamiti expressed that:

An ancestor is expected to remain loyal to their living relatives, who anticipate receiving blessings or positive outcomes in response to their prayers and ritual offerings. If seeking the ancestors' help does not yield the desired results, people typically turn to the Supreme Being as their final option.<sup>222</sup>

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<sup>218</sup> Awedoba, "The peoples of northern Ghana", 2.

<sup>219</sup> Tasin, *A History of Konkomba Medical Culture*, 81.

<sup>220</sup> Yakor, Interview.

<sup>221</sup> Kasi and Mathew, "Ancestor Worship," 1.

<sup>222</sup> Ezenweke, "The cult of ancestors", 3.

The Konkomba believed that performing regular prayers and sacrifices to their ancestors is a fundamental duty to ensure good health and well-being for everyone in their society. Eswarappa Kasi and Gladis S. Mathew observed that:

Paying homage to ancestors is regarded as a sacred ritual across all religions. It is considered the solemn responsibility of the living to honour their ancestors, acknowledging that without them, they would not exist.<sup>223</sup>

Ritual prayers addressed individual and communal health and catered to the diverse needs of those participating in the ceremonies.<sup>224</sup> In the case of disease treatments within Konkomba traditional medical practices, herbal medicines were crafted with the assistance of ancestral spirits. Bernhard Bierlich observed that:

Local healers in the northern regions were deeply rooted in their medical practices, backed by profound faith from the community. They attributed their healing abilities to the ancestral powers, emphasising a stark contrast with Western medicine by stating that "our medicines possess inherent power."<sup>225</sup>

Before preparing medicines, Konkomba healers performed ceremonial rituals to honour their ancestors. These rituals often included the sacrifice of a fowl and the presentation of kola nuts. The healer offered prayers during the ritual to connect with the spiritual world and seek blessings. The prayer was directed at the specific ancestor linked to the medicine being prepared. The healer asked for the ancestor's support and intervention to ensure the success of the healing process. This practice showed the strong connection between spiritual belief and medical treatment in Konkomba healing traditions.<sup>226</sup> Irrespective of social status, individuals seeking treatment adhered to the

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<sup>223</sup> Ezenweke, "The cult of ancestors", 3

<sup>224</sup> Personal Interview, Uninkple Yakor, Damanko, Ghana, 16<sup>th</sup> February, 2024.

<sup>225</sup> Bierlich, *The problem of money*, 166.

<sup>226</sup> Personal Interview, Waaki Yonba, Damanko, Ghana, February 19, 2024.

medicine's prerequisites, typically presenting offerings such as kola nuts or a fowl. This symbolic gesture acknowledged that the source of healing lay not solely with the healer but with the ancestral power from which the medicine drew its efficacy.<sup>227</sup>

More so, ancestral prayers constituted the focal point of all ritual engagements within the Konkomba community. These invocations were deemed essential, as they provided the necessary support and empowerment from their ancestors. Without their intervention, even endeavours utilising local medicinal plants and mystical artefacts were believed to lack potency or effectiveness.<sup>228</sup> Bernhard Bierlich asserted that, in Northern Ghana, medicinal prayers to ancestors, for example, may run like this:

My Father, I summon you. I present this chicken as an offering (the chicken was choked to death, and a small incision was made to let its blood drip onto the medicinal roots). Accept this offering and empower these roots.<sup>229</sup>

This prayer highlighted the cultural and religious significance of ancestral veneration and its integral role in traditional medical practices among the peoples of the Northern Regions of Ghana, including the Konkomba. Additionally, it illustrated the complex intersection of belief systems, spirituality, and healthcare among Indigenous communities in Northern Ghana, emphasising the need for culturally sensitive approaches to understanding and interpreting traditional healing practices.

Beyond ancestral veneration, the Konkomba worldview was shaped by a strong sense of communalism and interconnectedness. Individuals saw themselves as part of a larger whole, connected through kinship, tradition, and shared responsibilities. This collective identity influenced how they understood health and well-being. The welfare

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<sup>227</sup> Bierlich, *The problem of money*, 166.

<sup>228</sup> *Ibid.*, 26

<sup>229</sup> *Ibid.*, 26

of one person is linked to the welfare of the community. This belief supported a system where care, healing, and support were shared, reinforcing both social unity and personal health.<sup>230</sup> This communal philosophy infuses every aspect of Konkomba society, from their social structure to economic practices, health, and moral codes. Instead of viewing health as an individual concern, the Konkomba people perceived it as inseparable from the collective welfare of the community.<sup>231</sup>

In practical terms, it meant that maintaining the health of individuals was seen as vital for the community's overall well-being. Traditional healing practices often involved the affected individual and the active participation of the community, with rituals and ceremonies aimed at restoring harmony within the individual and the social fabric.<sup>232</sup> Preventive health measures and efforts to promote well-being among the Konkomba were largely community-based. These practices emphasised shared responsibility and cooperation in protecting the health of all members. This collective approach shaped many aspects of Konkomba society. It influenced how people accessed healthcare, used traditional medicine, and made dietary choices. This attitude helped to support a holistic view of well-being, where physical, social, and spiritual health were all closely linked.

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<sup>230</sup> Personal Interview, Ubor Wumborbe, Damanko, Ghana, 13<sup>th</sup> February 2024.

<sup>231</sup> Personal Interview, Nimor Konja, Nkwanta, Ghana, 19<sup>th</sup> February 2024. See also Julie A. Davies and Dominic Dagbanja, "The role and future of customary tort law in Ghana: a cross-cultural perspective." *Ariz. J. Int'l & Comp. L.* 26 (2009), 330-331; Creamer Robert, *What Went Right? The Role of Democracy in Ghana's Puzzling Ethnic Peace*. McGill University (Canada), 2015, 48.

<sup>232</sup> Bierlich. *The problem of money*", 18.

### 3.2 Understanding Konkomba Concept of Health through Konkomba

#### Mythology and Cosmic Perspectives

The Konkomba developed a detailed understanding of health and illness, shaped by a system of customs and beliefs aimed at protecting well-being. At the core of this worldview is the concept of the human person, known as uniborn. This person is seen as a combination of several parts. These include the physical body (tiwonand), the soul (kinan), the spirit (mfutam), and the personal spirit (nwin). Each part plays a role in maintaining balance and health. Illness is often understood as a sign of disruption among these parts, showing the Konkomba's holistic view of the human being.<sup>233</sup> The Konkomba people were deeply influenced by this mythology and cosmology, which shaped their perception of the universe and well-being.<sup>234</sup> At the heart of Konkomba belief is a set of stories and interpretations about the universe. These ideas profoundly influenced how they perceived health and well-being. The way they viewed the world influences how they respond to illnesses, maintain balance, and seek healing. Their beliefs integrated the human body, the spirit, and the natural world into a unified system of meaning.

Konkomba mythology was a repository of stories, legends, and symbols explaining their origins, relationships, and interactions with the natural and supernatural realms.<sup>235</sup> These myths often centred around ancestral figures (tiyajatiib), spiritual

<sup>233</sup> Personal Interview, Nnangma Kwame, Damanko, Ghana, 18<sup>th</sup> February 2024.

<sup>234</sup> Cosmology finds its etymological roots in the Greek term "kosmos," which signifies "the world or universe as an organized and harmonious system." It involves any conceptual framework or cultural representation concerning the organization and evolution of creation systems: the inception of physical elements within terrestrial or celestial realms, the emergence of the material universe, and the structure and operation of the observable cosmos. Philosophically, it pertains to that aspect of metaphysics that is concerned with conceiving the world as the entirety of all phenomena spanning space and time. See, Omnilogos, "Cosmology and Mythology," *Omnilogos*, accessed April 25, 2024, <https://omnilogos.com/cosmology-and-mythology/>.

<sup>235</sup> Robert Mitchell Torrance, *The spiritual quest: Transcendence in myth, religion, and science*. Univ of California Press, 1994; Lihui Yang and Deming An. *Handbook of Chinese mythology*. Oxford University Press, USA, 2008, 2; Edward Simon Mgaya. "The Meaning, Spiritual Foundation, and Mythology of

entities (nfutam), and cosmic forces, portraying a dynamic interplay between the physical and metaphysical dimensions of existence.<sup>236</sup> Aniekan Etim Nana noted that:

Africans seek to live in harmony, striving for a balanced and peaceful existence with the entire world, especially the spiritual realm. This pursuit is rooted in the belief that the cosmos embodies an organic unity. Within this unity, the environment is viewed as a nurturing mother, a living entity, sensitive and responsive to human actions.<sup>237</sup>

The evolution of Konkomba narratives from mythical depictions to a focus on geographical locations and ancestral names marked a significant transformation in Konkomba social dynamics. In the Oti Valley, they established clans, totems, and earth shrines, which played pivotal roles in asserting territorial dominance. This shift represented a fundamental change in the Konkomba community's cultural landscape and societal structure.<sup>238</sup> A key idea in Konkomba cosmology was interconnectedness. All beings and forces were believed to be linked within a single, balanced cosmic order. This connection goes beyond human life. It included the natural environment, the stars and planets, and spiritual beings. This belief shaped how the Konkomba understood the universe. They saw it as a system where every part depended on the others, working together in harmony.<sup>239</sup>

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African Sacred Landscapes: The Case of Sacred Forests among the Bena of Njombe, Tanzania." *Journal of Religion in Africa* 53, no. 3-4 (2023), 289-316.

<sup>236</sup> Personal Interview, Njonam Lakorba, Danlari Kura, Ghana, February 17, 2024. See also Edward Harrison, *Cosmology: the science of the universe*. Cambridge University Press, 2000; Stanislav Grof. *The cosmic game: Explorations of the frontiers of human consciousness*. Suny Press, 1998; Charles Pinter, *Mind and the Cosmic Order: How the Mind Creates the Features & Structure of All Things, and Why this Insight Transforms Physics*. Springer Nature, 2020; Ossio, Juan M, "Cosmologies." *International Social Science Journal* 49, no. 154 (1997), 552.

<sup>237</sup> Nana, "The impact of ecology", 165.

<sup>238</sup> Kachim, "Staying on the margins", 24.

<sup>239</sup> Personal Interview, Yabaki Mukanjor, Kpassa-Ago, Ghana, 14<sup>th</sup> February 2024.

In the Konkomba worldview, the universe was a physical realm and a complex of spiritual, social, and ecological dimensions.<sup>240</sup> Their mythological narratives explained the origins of the cosmos, portraying creation as a collaborative effort between divine beings and ancestral forces.<sup>241</sup> The universe was perceived as infused with purpose and meaning, governed by sacred laws and cosmic principles that regulated the cycles of life, death, and rebirth.<sup>242</sup> Konkomba cosmology emphasised the interrelation of all existence, wherein every action and event resounded across the fabric of reality, influencing the well-being of individuals and communities. The Konkomba's understanding of the universe significantly informed their conception of well-being, which was tied to maintaining cosmic harmony and balance. Henning Viljoen and D. Painter indicated that:

The holistic understanding within African health perspectives suggests that health and illness are viewed as conditions affecting the entire person rather than isolated body parts. This approach is closely tied to the meso-cosmic order, where mental health issues and illnesses are intricately connected to the influence of ancestors, malevolent spirits, and sorcery. In this context, pathological behaviour and disease are perceived as manifestations of a disrupted relationship with one's ancestors or as the effects of harmful actions by malevolent forces.<sup>243</sup>

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<sup>240</sup> Mukanjor, Interview.

<sup>241</sup> Mythology, according to the World History Encyclopedia "(from the [Greek](#) *mythos* for story-of-the-people, and *logos* for word or speech, so the spoken story of a people) is the study and interpretation of often sacred tales or fables of a culture known as myths or the collection of such stories which deal with various aspects of the human condition: good and evil; the meaning of suffering; human origins; the origin of place-names, animals, cultural values, and traditions; the meaning of life and [death](#); the afterlife; and celestial stories of the gods or a [god](#). Myths express the beliefs and values about these subjects held by a certain culture". See, World History Encyclopedia, "Mythology," *World History Encyclopedia*, accessed October 26, 2024, <https://www.worldhistory.org/mythology/>.

<sup>242</sup> Personal Interview, Malam Wajul, Kpassa-Ago, Ghana, February 15, 2024. See also Brian Swimme, "The cosmic creation story." *Readings in Ecology and Feminist Theology* (1995), 250; W. Bruce Masse, Elizabeth Wayland Barber, Luigi Piccardi et al., "Exploring the nature of myth and its role in science." *Geological Society, London, Special Publications* 273, no. 1 (2007), 12.

<sup>243</sup> Henning Viljoen and D. Painter, "African perspectives." *Personology. From individual to ecosystem*, (2003): 555-556

Individual health and prosperity were viewed not in isolation but as integral components of collective welfare.<sup>244</sup> Well-being involved physical, psychological, social, and spiritual dimensions, with illness and misfortune often attributed to disruptions in the cosmic order or spiritual disharmony.<sup>245</sup> Tosam Mbih Jerome noted that:

Diseases can be triggered by violating taboos. These taboos aimed to preserve cosmic harmony and ecological balance. Violations, such as killing protected animal and plant species, can disrupt this balance and result in various diseases. Nature was seen as the dwelling place of gods and spirits and must be treated with reverence to maintain cosmic equilibrium and, consequently, human health.<sup>246</sup>

Traditional healing practices, rituals, and ceremonies were employed to alleviate individual sicknesses and restore balance within the community and the cosmos.<sup>247</sup> Moreover, Konkomba cosmology emphasised the importance of stewardship and mutuality in fostering harmonious relationships with the natural and spiritual realms, thereby sustaining the well-being of future generations.

Konkomba economic life was closely tied to their cultural beliefs and traditions. Farming, which formed the base of their economy, carried deep spiritual meaning. Agricultural work was often guided by rituals and ceremonies meant to bring good harvests and wealth. In their belief system, the Earth, known as Kiting, was considered sacred. It was honored as the mother of Uwumbor, a sky deity. To seek blessings for

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<sup>244</sup> Personal Interview, Mayuba Mayi, Damanako, Ghana, 10<sup>th</sup> February 2024.

<sup>245</sup> Olaniyi Bojuwoye and Mokgadi Moletsane-Kekae, "African indigenous knowledge systems and healing traditions." *Global psychologies: Mental health and the global south* (2018), 87; M. Tosam, "Healthcare and spirituality: a traditional African perspective." *Annali di studi religiosi* 22, no. 1 (2021), 269; Vincent Mabvurira, "Influence of African traditional religion and spirituality in understanding chronic illnesses and its implications for social work practice: A case of Chiweshe communal lands in Zimbabwe." PhD diss., University of Limpopo, 2016, 4.

<sup>246</sup> Jerome, "Healthcare and spirituality", 268.

<sup>247</sup> Personal Interview, Mayuba Mayi, Damanako, Ghana, 10<sup>th</sup> February 2024.

rain and successful farming, the Konkomba made sacrifices. These offerings were made either directly to the Earth or through the spirits of ancestors. This showed how deeply spiritual beliefs shaped their economic activities.<sup>248</sup>

These observations were documented in the British Colonial Official Records. During the 1930s, colonial officials often described the Konkomba as strong, healthy, and hardworking. They were commended for their pivotal role in enhancing local agricultural production. This description reflected their good physical health and highlighted their importance in building community wealth and supporting the well-being of the broader society.<sup>249</sup> Unlike many of their host communities, the Konkomba showed a strong commitment to farming. Their approach to agriculture set them apart. Research by Esther Goody supports this view. She notes that the Gonja, in contrast to the Konkomba, placed less importance on farming. Instead, the Gonja relied more on hunting as their main source of food. This difference highlights the Konkomba's unique focus on agriculture as an economic and cultural practice.<sup>250</sup>

Initially, British authorities attempted to incentivise the Konkomba people to produce groundnuts and commercial tobacco. However, the Konkomba community remained persistent in cultivating only food crops. This persistence stemmed from its belief that "activities not directly contributing to food or pito (a traditional beverage) production held little value."<sup>251</sup> Cooperative farming and resource-sharing reflected the communal philosophy of Konkomba society, emphasising collective well-being over individual gain.<sup>252</sup> Moral offences in Konkomba society were seen as more than

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<sup>248</sup> Tasin, *A History of Konkomba Medical Culture*, 39.

<sup>249</sup> PRAAD/T. NRG 8/3/53, Report on Togoland under British Mandate, 1936, 23. As cited in Kachim, "Staying on the margins", 123.

<sup>250</sup> Kachim, "Staying on the margins", 123

<sup>251</sup> Talton, "Food to Eat and Pito to Drink", 209. Pito is a local beer brewed from guinea corn. As cited in Kachim, "Staying on the margins", 124.

<sup>252</sup> Personal Interview, Nnangma Kwame, Damanko, Ghana, 18<sup>th</sup> February 2024.

personal failures. They were viewed as dangers to the well-being of the whole community. This shows that moral responsibility was shared. Each person's actions were believed to affect the larger group. This belief reinforced the need for good conduct to protect both individual and collective welfare.

### **3.3 Conclusion**

The beliefs, rituals, and medical practices of the Konkomba people formed a cohesive cultural system that shaped their worldview and self-perception. This system is rooted in a deep respect for nature and the spirit world. The Konkomba believed that the physical and spiritual parts of life are closely linked. At the center of their belief is Uwumbor, the Supreme Being. His healing power is called upon through prayer and rituals. These rituals often included support from ancestral spirits and local deities. This approach reflected a broad understanding of health. For Konkomba, health means more than just the absence of illness. It encompasses the well-being of the body, mind, community, and spirit.

In their worldview, health is closely tied to moral behavior and spiritual well-being. When something goes wrong, healing is not only about the body but also about restoring balance in the community. Their stories and beliefs pass down knowledge and moral lessons. These guided people to live in unity, care for others, and act with responsibility. Such values helped to maintain strong support systems within the community. As a result, Konkomba healing becomes more than medical practice. It was a part of everyday life that responded to the environment, social structure, and spiritual beliefs of the people. The next chapter explores the period after Ghana's independence. It examines how government health policies and development programs have impacted traditional Konkomba healing practices, whether by supporting, challenging, or altering them.

## CHAPTER FOUR

### POST-INDEPENDENCE GOVERNMENT HEALTH POLICIES AND THE KONKOMBA TRADITIONAL HEALING PRACTICES

#### 4.0 Introduction

Ghana's healthcare system underwent significant changes after independence in 1957. The new government took proactive steps to improve health services and reduced healthcare access inequality. Unlike the colonial administration, which paid little attention to Indigenous healing, post-independence policies recognised the value of traditional medicine. The government worked to include these practices in the formal health system. Efforts were also made to improve maternal and child health, as well as to combat infectious diseases. These changes marked a clear shift from colonial health policies and reflected a growing interest in using both modern and traditional systems to meet the country's health needs.<sup>253</sup> Because many rural areas lacked Western medical facilities, the use of traditional and modern medicine offered a practical solution. This dual approach helped address the health needs of people in remote communities. It also led to a renewed interest in Indigenous knowledge and cultural practices. As a result, the integration of traditional healing into national health policies supported both public health and cultural revival.

The traditional healing methods used by the Konkomba people in northern Ghana formed part of a broad healthcare system. This system addressed physical health, social and spiritual well-being. Even though Western medicine became dominant, Konkomba healing practices remained important. They continued to be used despite

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<sup>253</sup> Joseph P. Gone, "Redressing First Nations historical trauma: Theorizing mechanisms for Indigenous culture as mental health treatment." *Transcultural psychiatry* 50, no. 5 (2013), 696; Hill, "Traditional Medicine and Restoration of Wellness Strategies," 34.; Vichai Chokevivat et al., "The use of traditional medicine in the Thai health care system." *Region consultation on development of Traditional medicine in the Southeast Asia region, Pyongyang, DPR Korea* (2005), 13.

restrictions placed on them during the colonial period. After independence, health policies created new chances for traditional medicine to be recognised and included in formal healthcare systems. At the same time, these policies also brought new challenges. Traditional healers had to adapt to modern medical standards and evolving healthcare systems.

This chapter examined the interaction between Konkomba healing practices and government health policies since independence. It explored how state policies influenced the development of local healing systems. It also examined how Konkomba healers responded to new healthcare demands while preserving their traditions. The chapter highlighted how these healers found ways to protect their practices while also adapting to national regulations. It demonstrated how the Konkomba people integrated modern medical systems with their traditional cultural knowledge. This chapter contributed to the broader discussion on healthcare pluralism and highlighted the enduring significance of conventional healing in Konkomba society.

#### **4.1 Overview of Post-independence Health Policies and Initiatives on Traditional Medicine**

After colonisation, Ghana developed a dual healthcare system where Western medicine and traditional healing practices coexisted. Many people in urban areas preferred orthodox care, but traditional medicine remained important, especially in rural communities. Efforts were made by medical and political leaders to improve traditional healing by aligning it with Western scientific standards. Dr. Kwame Nkrumah, Ghana's first president, played a key role in this process. He introduced policies to modernise and integrate traditional medicine into the national healthcare system. These steps were strategic and symbolic. They aimed to give traditional healing

more recognition and ensure its survival in a fast-changing society.<sup>254</sup> This was evident in his declaration:

We shall measure our progress by the improvement in the health of our people ... The welfare of our people is our chief pride, and it is by this that my government will ask to be judged.<sup>255</sup>

As a result of traditional medicine's potential to supplement contemporary healthcare, his government supported scientific research into traditional medical practices.<sup>256</sup> His more comprehensive healthcare policies, which valued indigenous systems in addition to state-driven medical programs, sought to address accessibility gaps by acknowledging the reliance of rural populations on traditional treatments.<sup>257</sup>

One of the earliest attempts to organise traditional healers, advance moral principles, and ease cooperation with biomedical practitioners was the Ghana Psychic and Traditional Healers Association (GPTHA), founded in 1962 with Nkrumah's assistance.<sup>258</sup> This organisation brought scientists and traditional healers together to support research into the effectiveness of herbal therapy in Ghana.<sup>259</sup> Traditional healers were tasked with advancing the study of psychism and herbalism and using this knowledge in public health and related sectors. To promote creativity and cooperation, they were tasked with creating a centralised institution in Ghana to lead traditional medicine research. Furthermore, they were to establish clinics in each area to treat illnesses that Western biomedicine had not yet been able to treat and to treat common diseases in collaboration with biomedical professionals. In addition to strengthening the

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<sup>254</sup> Hardlife Stephen Basure, "In Search of a Cure: Experiences in Alternative Medicine in Masvingo Urban, Zimbabwe." PhD diss., University of Pretoria (South Africa), 2021, 4; Okine, "Impact of Western-Based Science", 55.

<sup>255</sup> Senah, "In sickness and in health", 85.

<sup>256</sup> Adu-Gyamfi and Anderson, "African Traditional Healing", 92.

<sup>257</sup> Adu-Gyamfi, "From Vital Force to the Scientific," 6.

<sup>258</sup> Adu-Gyamfi and Anderson, "African Traditional Healing", 101.

<sup>259</sup> Okine, "Impact of Western-Based Science", 56.

convergence of traditional and modern medicine, this dual strategy sought to close gaps in healthcare delivery.<sup>260</sup>

To advance research in scientific medicine, Nkrumah encouraged Dr. Oku Ampofo to take inspiration from Chinese medicine's achievements, especially their dedication to modernisation and scientific improvement, to study traditional medicine further. Dr. Ampofo was tasked with founding a research institute devoted to the scientific testing and assessment of plant-based medicine, inspired by the Chinese model and his dedication to enhancing traditional techniques. This project aimed to integrate traditional knowledge with rigorous scientific methods to develop Ghana's modern and reputable traditional medical system.<sup>261</sup> According to Dr. Ampofo:

When I went to China in 1963, I was amazed at the development of their traditional medicine. I visited many centers researching traditional medicine. In some hospitals, traditional medicine was practised alongside Western. When I left, I asked myself why Africa, particularly Ghana, also can't have such centers.<sup>262</sup>

In 1971, he partnered with the Ghana Academy of Arts and Sciences and the Psychic and Traditional Healers Association of Ghana to draft a memorandum to the Government of Ghana, advocating for creating a dedicated center to coordinate and advance all research efforts into traditional and psychic medicine.<sup>263</sup> Dr. Ampofo suggested that the Ghanaian government set up a prototype manufacturing facility to support the institute in providing herbal medications in standardised formats like liquids and tablets.<sup>264</sup> This effort led to the creation of the Center for Scientific Research into

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<sup>260</sup> Adu-Gyamfi and Anderson, "African Traditional Healing", 101.

<sup>261</sup> PRAAD, Accra - The Flagbearers of Ghana, "Dr. Oku-Ampofo (1908-1998), Pioneer Researcher into Plant Medicine and the First Director of The Center for Scientific Research into Plant Medicine (CSRPM)". 498.

<sup>262</sup> Ibid. 498. See also Okine, "Impact of Western-Based Science", 55.

<sup>263</sup> David Botchie Sarpong and Bidit Dey, "From marginal to mainstream: The revival, transformation, and boom of plant medicine." *Science and Public Policy* 45, no. 6 (2018), 3.

<sup>264</sup> Okine, "Impact of Western-Based Science", 55.

Plant Medicine (CSRPM) in 1975 through NRC Decree 344 in Mampong-Akuapem.<sup>265</sup> By modernising the manufacturing of traditional remedies, this institute sought to strengthen the legitimacy of herbal medicine inside the healthcare system and guarantee consistency, quality, and broader public access. The overthrow of the Nkrumah government marked a setback for earlier efforts to legitimise and integrate Indigenous medical systems into national healthcare. However, these initiatives were revitalised in the 1970s under the leadership of Acheampong's military government, which renewed its focus on traditional medicine as part of its broader cultural and national development vision.<sup>266</sup>

The 1970s and 1980s marked a pivotal era for indigenous medicine in Ghana as the country began to reclaim its pre-colonial recognition of traditional healing. Following WHO guidelines, Ghana launched joint health projects incorporating herbalists, bonesetters, and Traditional Birth Attendants (TBAs) into primary healthcare. Notably, the Danfa Comprehensive Rural Health Project (1970) trained TBAs and documented their practices, while the Kintampo Project (1975) extended collaboration to bonesetters. Similar initiatives followed in Techiman (1979) and Dormaa (1985).<sup>267</sup>

In 1979, Ghana introduced the Primary Health Training for Indigenous Healers (PRHETIH) program, a groundbreaking initiative to bridge traditional and Western healthcare systems.<sup>268</sup> Rooted in the post-independence movement to reclaim and celebrate national cultural identity, this program emerged amidst government efforts to

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<sup>265</sup> Sarpong and Dey. "From marginal to mainstream", 3.

<sup>266</sup> Okine, "Impact of Western-Based Science", 55; Owoahene-Acheampong and Vasconi, "Recognition and integration" 6.

<sup>267</sup> Owoahene-Acheampong and Vasconi, "Recognition and integration", 6.

<sup>268</sup> R. P. A. Dauskardt, "Traditional medicine: Perspectives and policies in health care development." *Development Southern Africa* 7, no. 3 (1990): 355

formalise traditional medicine, including creating a national healers' association and establishing the Centre for Scientific Research into Plant Medicine in the mid-1970s. Unlike these state-led projects, PRHETIH was independently conceived and focused on transforming healthcare delivery within a single district. By providing specialized training at a local hospital, the program empowered traditional healers with essential healthcare knowledge while fostering meaningful collaboration with Western medical practitioners.<sup>269</sup> Designed to be both practical and participatory, PRHETIH enhanced essential healthcare delivery and honoured the expertise and contributions of Indigenous healers, creating a dynamic model for integrated healthcare.<sup>270</sup>

To bring together herbal medicine practitioners with extensive knowledge of traditional healing, the Ghana National Association of Traditional Healers (GNATH) was founded in 1991 under the direction of the Rawlings government.<sup>271</sup> Established in 1993, the Ghana Federation of Traditional Healers (GFTH) built upon this foundation and eventually became the Ghana Federation of Traditional Medicine Practitioners Association (GHAFTRAM). GHAFTRAM, which unites all traditional healer associations in the nation, gives its members official recognition and legal status, enhancing their position in Ghana's healthcare system.<sup>272</sup> GHAFTRAM comprises various associations, of which 15 are classified as "associated members" and six as "full members."<sup>273</sup>

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<sup>269</sup> Dauskardt, "Traditional medicine", 355.

<sup>270</sup> Ibid., 355

<sup>271</sup> World Health Organization. *The legal status of traditional medicine and complementary*. No. WHO/EDM/TRM/2001.2. World Health Organization, 2001, 16.

<sup>272</sup> Owoahene-Acheampong and Vasconi, "Recognition and integration", 4.

<sup>273</sup> GHAFTRAM recognises two tiers of membership among traditional healer associations in Ghana: full members and associated members. Full membership is granted to associations with a nationwide presence operating in at least seven regions. This status is held by six associations, including the Plant Medicine Association, the Ghana National Association of Traditional Healers (GNATH), the Ghana Psychic and Traditional Healers Association (GHAPTHA), the Northern Sector of Traditional Practitioners, the Traditional Service Association, and the Essiama Association. In contrast, associated members are organizations with a more localized reach, typically active in two or three regions. These

In 1999, Ghana revitalised traditional medicine by establishing the Traditional and Alternative Medicine Division under the Ministry of Health, leading to the Traditional Medicine Practice Act 575 (2000). This legislation formally recognised traditional medicine, creating structures to standardise, register, and license practitioners. The Traditional Medicine Practice Council, inaugurated in 2010, also aims to promote ethical practices, support large-scale medicinal plant cultivation, and integrate traditional medicine into national healthcare while safeguarding biodiversity.<sup>274</sup>

Traditional medicine was allowed into Ghana's governmental healthcare system in 2012. This action coincided with WHO's release of the Traditional Medicine Strategy 2014–2023, which focused on combining complementary and traditional medicine to improve universal healthcare while guaranteeing efficacy, safety, and quality.<sup>275</sup> Notable progress has also been made in preparing experts for the herbal medicine sector in Ghana. In 2001, the Department of Herbal Medicine was founded at Kwame Nkrumah University of Science and Technology (KNUST), providing a four-year Bachelor of Science curriculum to give practitioners and manufacturers the necessary training. Similarly, the Institute of Traditional and Alternative Medicine (ITAM) was established by the University of Allied Health Sciences (UHAS) in 2019 to promote traditional medicine via advocacy, education, and research. Further enhancing capability in this

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include groups such as the Ghana Muslim and Traditional Healers Association, the Kporlefa Association, the Faith Healers Association, the Ghana Priest and Priestess Association, the Hukorku Association, and the African Healers Association. The distinction between full and associated membership underscores the geographic influence and organizational spread of each association within Ghana. See Owoahene-Acheampong and Vasconi, "Recognition and integration", 5.

<sup>274</sup> Ibid., 7

<sup>275</sup> Alex Asase, "Ghana's herbal medicine industry: prospects, challenges and ways forward from a developing country perspective." *Frontiers in Pharmacology* 14 (2023), 2.

area are the Departments of Pharmacognosy and Herbal Medicine at the University of Ghana and the University of Cape Coast.<sup>276</sup>

#### **4.2 The Impact of Post-colonial Health Policies on Konkomba Medical Practitioners**

The relationship between indigenous healing and government health programs in postcolonial Africa revealed a complex process of negotiation, change, and struggle. For the Konkomba people of northern Ghana, traditional medicine has always been central to health, religion, and community life. Their healing system included herbal remedies, spiritual rituals, and strong social connections. This knowledge has been passed down over many generations. After independence, new health policies aimed to modernise care. These policies often created a system in which traditional and Western medicine coexisted. In many cases, achieving this mix was not easy. The two systems sometimes clashed in practice and belief.<sup>277</sup> Ghana's independence period was defined by attempts to reclaim African cultural identity while embracing modernity.<sup>278</sup>

Despite the important role traditional medicine played in African societies, colonial powers often dismissed it as backward and unscientific. This view pushed indigenous knowledge to the margins and weakened its status in public life. More than that, it disrupted the social systems that supported health and healing in many communities.<sup>279</sup> However, the post-independence era ushered in a re-evaluation of these

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<sup>276</sup> Asase, "Ghana's herbal medicine industry", 2.

<sup>277</sup> Richard G. Wamai. "Healthcare policy administration and reforms in post-colonial Kenya and challenges for the future." *Local and global encounters: Norms, identities, and representations in formation* (2009), 140.

<sup>278</sup> Amanda B. Powers, "Kwame Nkrumah and the Making of National Identity in Ghana." (2011), 31; Paul Tiyambe Zeleza, "African studies and universities since independence." *Transition: An International Review* (2009), 112.

<sup>279</sup> Isaac Nortey Darko, *Ghanaian indigenous health practices: The use of herbs*. A thesis was submitted for the Master of Arts degree at the University of Toronto in 2009, 25-26

practices as nations sought to reclaim and integrate indigenous knowledge within modern healthcare frameworks.<sup>280</sup> A herbalist lamented:

Before the white man came, and even during colonial times, we were the ones the people turned to. We had the answers when someone was sick, whether it was a broken bone, a fever, or a curse. But they called us uneducated, backwards. It was only after independence that they started to listen to us.<sup>281</sup>

Under Kwame Nkrumah's leadership, traditional medicine slowly began to receive national attention as part of Ghana's healthcare system. One important step was the creation of the Ghana Psychic and Traditional Healers Association (GPTHA). This group gave traditional healers a space to share ideas, practices, and knowledge. It also helped them organise and speak with one voice. This marked a shift from earlier times when their work was often ignored or looked down upon.<sup>282</sup> Sidonia Nakuma noted that:

In 1963, Kwame Nkrumah consciously tried to identify and incorporate traditional healers into the medical system to promote an authentic African way of life and cultivate the African personality. Their efforts to conserve and improve their skills and knowledge resulted in the founding of the Ghana Psychic and Traditional Healers Association, which aimed to promote traditional medicine in the nation.<sup>283</sup>

Konkomba healers characterised this period with a sense of cautious optimism.

An 84-year-old herbalist recounted:

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<sup>280</sup> David Mbutia, "The challenge of negotiating between national and sub-national identities through heritage-making in post-devolution Kenya: with the example of Mukurwe wa Nyagathanga cultural site." PhD diss., Université de Pau et des Pays de l'Adour, 2020, 4.

<sup>281</sup> Personal Interview, Uninyun Kwame, Kpassa-Ago, Ghana, 4<sup>th</sup> November 2024.

<sup>282</sup> John Kwaku Opoku, *Spirituality and healing. Impacts on the Akan of Ghana*. Maastricht: Shaker Publishing, 2016, 17.

<sup>283</sup> Sidonia Nakuma, "Perceptions of the role of the traditional medical system in national development: the case of Ghana." (1994), 24.

We were invited to meetings, and I vividly recall sitting with a government official who expressed keen interest in our herbal remedies for stomach ailments. He leaned forward, asking numerous questions with genuine curiosity. For the first time, I felt a sense of recognition that our knowledge was practical, valued, and respected.<sup>284</sup>

It is important to recognise that the herbalist's cautious hope also points to deeper tensions. While contact with government officials may have brought some level of respect, it did not always lead to equal partnerships or lasting support for traditional medicine. Often, the government showed interest mainly in taking knowledge from healers without addressing the unfair treatment they faced. This showed that official recognition was sometimes more symbolic than real. It gave the appearance of respect but did little to fix the challenges traditional healers continued to face.

The recognition of traditional medicine was further bolstered by the establishment of research institutions, such as the Center for Scientific Research into Plant Medicine (CSRPM) in 1975 in Mampong-Akwapim.<sup>285</sup> Although the Centre for Scientific Research into Plant Medicine (CSRPM) was not established in Northern Ghana, it demonstrated a national effort to study and scientifically recognise Indigenous herbal medicine. Researchers from the centre often worked with traditional healers across the country, including those from Northern Ghana. They aimed to record and test the healing properties of local plants. For some Konkomba healers, this effort felt like a form of recognition. It gave them a sense that their knowledge was finally being taken seriously. One renowned herbalist noted:

They proved what we had known for generations when they tested our plants and discovered they were effective. I can still clearly recall their

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<sup>284</sup> Personal Interview, Jachan Mmunye, Damanako, Ghana, 8<sup>th</sup> November 2024.

<sup>285</sup> Lordford Tettey-Larbi et al., "Natural radioactivity levels of some medicinal plants commonly used in Ghana." *SpringerPlus* 2 (2013), 3; Damien Droney, "Ironies of laboratory work during Ghana's second age of optimism." *Cultural Anthropology* 29, no. 2 (2014), 367

visit to my compound and the samples they took of our roots for analysis. It felt like we were finally paying tribute to our ancestors.<sup>286</sup>

Training programs like the Danfa Comprehensive Rural Health Project further equipped Konkomba healers, especially Traditional Birth Attendants, with modern biomedical knowledge.<sup>287</sup> Justina Akansor noted:

In the 1970s, the Ghanaian government (GOG) began to investigate the integration of Traditional Birth Attendants (TBAs) into the formal healthcare system. Recognising that several TBA practices were judged unsafe and unsanitary, the government launched reorientation and training initiatives to encourage safer and more sanitary delivery methods. The Danfa Rural Health Project, begun in Accra in the 1970s, was a significant endeavour that included TBA training programs. These projects lasted until the 1990s, eventually spreading to all ten regions of the country.<sup>288</sup>

Most Konkomba traditional midwives explained that the training programs brought both benefits and challenges. The programs helped improve care for mothers and babies. They also established connections between the midwives and the formal healthcare system. However, many midwives were worried. They feared that these changes could weaken the cultural and spiritual parts of childbirth. For the Konkomba, these aspects were as important as the physical care. The training raised concerns about losing key parts of their tradition.<sup>289</sup> However, these midwives' adaptability guaranteed their roles remained relevant in an ever-changing healthcare landscape. A Konkomba Traditional Birth Attendant noted that:

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<sup>286</sup> Personal Interview, Jachan Mmunye, Damanako, Ghana, 8th November 2024.

<sup>287</sup> Alfred K. Neumann et al., "Danfa comprehensive rural health and family planning project: Ghana." *Journal of Tropical Pediatrics* 20, no. 1 (1974), 41; D. W. Belcher et al., "The Role of Health Survey Research in Maternal and Child Health/Family Planning Programmes: Danfa Project, Ghana." *Journal of Tropical Pediatrics* 21, no. 4 (1975), 173.

<sup>288</sup> Justina Akansor, "A History of Traditional Birth Attendants and Maternal Health in Ghana, 1931–1992." PhD diss., University of Cape Coast, 2017, 7.

<sup>289</sup> Personal Interview, Ndinyen Makipuembe, Damanko, Ghana, 11<sup>th</sup> November 2024.

We studied how to keep our tools clean and assist a woman during labour with minimal risk. It was not just about the herbs anymore; it was about applying what we knew to what they taught us. Together, we could save more lives.<sup>290</sup>

This illustrated a form of medical pluralism that aimed to enhance care for mothers and babies. The focus on hygiene and reducing high-risk areas represents a shift toward evidence-based practices. It also shows that Konkomba traditional healers are not just following what they are told. Instead, they are taking an active role. They are adjusting their methods in ways that protect their people and support their well-being.

### **4.3 The Unintended Consequences of Institutionalising Konkomba**

#### **Indigenous Medical Practices**

Health policies introduced after independence to formalise and promote traditional medicine often created tensions. These policies aimed to support traditional healing, but they sometimes weakened its core values. For the Konkomba, healing was not just about treating illness. It was linked to spiritual life, respect for ancestors, and community unity. But the new systems focused more on rules, training, and control than on these deep cultural meanings. As a result, many healers felt left out. This approach also disrupted the traditional medicine's balanced approach, which had worked effectively for many years. An elderly Konkomba herbalist lamented:

How do we do that when they expect us to be part of their associations, register, and pay dues? Some of us did not have enough money to buy the forms, let alone fill them in since most of us were not educated.<sup>291</sup>

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<sup>290</sup> Makipembe, Interview.

<sup>291</sup> Personal Interview, Ninkple Kajol, Nkwanta, Ghana, on 18<sup>th</sup> November 2024.

The bureaucratic processes imposed by the Traditional Medicine Practice Act 595 became barriers for older practitioners, many of whom lacked formal education.<sup>292</sup> In 1999, traditional medical practitioners in Ghana helped draft the Traditional Medicine Practice Act 595. It was passed into law on 23 February 2000. This Act created a council to regulate traditional medicine in the country. The council was given the power to register and license practitioners. It also controlled the production and sale of herbal medicines.<sup>293</sup> The legislation described traditional medicine as a form of healthcare based on beliefs and practices accepted by communities. It relied mainly on the use of herbs and other natural materials. According to the legislation, herbal medicine referred to any product made and labeled as medicine, where the active ingredients come from plants. These could be used in their natural state or processed into different forms.<sup>294</sup> In a way, this Act sidelined some of the most experienced healers. In an interview, a renowned Konkomba healer lamented that:

"Some leaders and government officials behave as if only young people who speak English fluently are qualified to represent us. Nonetheless, those youths have no genuine comprehension of the ways of the spirits. They speak only of science, as if it has all the answers, while ignoring ancient wisdom and sacred traditions that have sustained our people for ages."<sup>295</sup>

As modernisation gained ground, the spiritual base of Konkomba medicine began to weaken. In the past, traditional healers were respected for their knowledge of the physical and spiritual world. But over time, they were pushed aside. The sacred and communal values that supported their work started to fade. This was due to the rise of professional medical systems and the increasing state control over healthcare practices.

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<sup>292</sup> World Health Organization, *The Legal Status of Traditional Medicine*, 17.

<sup>293</sup> *Ibid.*, 17.

<sup>294</sup> *Ibid.*, 17

<sup>295</sup> Personal Interview, Ninkple Kajol, Nkwanta, Ghana, 18<sup>th</sup> November 2024.

These changes made it harder for traditional healers to continue their work in the way they once had. One healer explained:

We treat individuals according to the guidance of our predecessors. I do not only chop herbs like a farmer does when I gather them. I give prayers and communicate with the spirits. However, these government officials or representatives are mainly interested in the chemicals or learning more about the medicinal qualities of our herbs. They overlook that the herb is just grass without the spirit.<sup>296</sup>

This showed the need for a more inclusive healthcare system that respects and included Indigenous ways of knowing. It is essential to recognise that traditional medicine loses its meaning when taken out of the cultural and spiritual context that gives it life.<sup>297</sup> A more effective approach would view Indigenous healing as part of a broader worldview, rather than just a set of remedies. This helps protect cultural identity and ensures that healthcare remains relevant to local communities.

#### 4.4 Conclusion

The relationship between post-independence health policies and Konkomba healing traditions illustrates how Indigenous systems have evolved and adapted in response to changing times. After Ghana gained independence, the government, led by Kwame Nkrumah, tried to modernise the healthcare system. This included building more hospitals and clinics, but it also involved recognising traditional medicine. Programs like the Ghana Psychic and Traditional Healers Association, the Centre for Scientific Research into Plant Medicine, and the Traditional Medicine Practice Act of 2000 were steps toward giving Indigenous healing more space within the national health system.

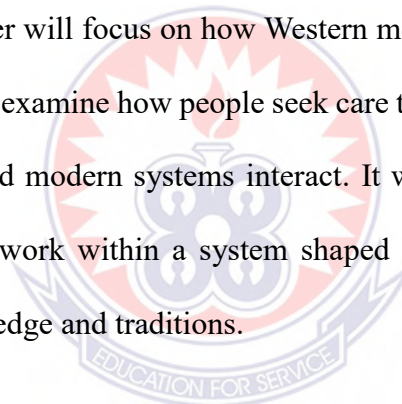
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<sup>296</sup> Personal Interview, Uninyun Wadja, Ujagando, Ghana, 13<sup>th</sup> November 2024.

<sup>297</sup> Denise Jaworsky, "An allied research paradigm for epidemiology research with Indigenous peoples." *Archives of Public Health* 77 (2019), 5.

For the Konkomba, this recognition was both helpful and limiting. On the one hand, it gave traditional healers more respect in public life. On the other hand, new rules and standards sometimes overlook the profound connection between Konkomba medicine, spiritual beliefs, community life, and the natural environment. The government's efforts often focused on control and regulation, rather than wholly embracing the meaning of these traditions. Still, Konkomba healers showed strength and flexibility. Many people found ways to accept aspects of modern healthcare while still holding onto their core beliefs. This ability to adjust while staying rooted in culture shows that their healing system is not only surviving but also actively engaging with new realities.

The next chapter will focus on how Western medicine has changed Konkomba health practices. It will examine how people seek care today, how illness is understood, and how traditional and modern systems interact. It will also highlight the efforts of Konkomba healers to work within a system shaped by Western science, while still preserving their knowledge and traditions.



## CHAPTER FIVE

### THE INFLUENCE OF WESTERN MEDICINE ON KONKOMBA MEDICAL PRACTICES, 1957–2000

#### 5.0 Introduction

The intersection between Western biomedicine and Indigenous healing systems in Africa has historically been characterised by complexity and nuance rather than by linear narratives of displacement or replacement.<sup>298</sup> Among the Konkomba people of northern Ghana, the meeting between Western medicine and traditional healing was complex. It involved negotiation, change, and sometimes resistance. This chapter examines the impact of Western medical ideas on Konkomba healing practices between 1957 and 2000. This includes the last years of colonial rule and the early decades after Ghana's independence. Rather than if Western biomedicine completely replaced traditional medicine, the chapter shows how Konkomba healing remained strong and adaptable. It highlights the ongoing use of both systems and how the Konkomba people continued to shape their healthcare practices during this period.

Konkomba healing traditions are deeply rooted in a cosmological worldview that connects health to spiritual forces, the role of ancestors, and the natural environment. This belief system sees well-being as a balance between the physical, spiritual, and ecological worlds. It differs from the biomedical approach, which often focuses solely on physical symptoms and clinical causes of disease. For the Konkomba, healing is not just about treating the body but also about restoring harmony in the larger spiritual and social order.<sup>299</sup> As the government expanded rural health services in

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<sup>298</sup> Lily Naa Ayorkor Kpobi, "Indigenous and faith healing for mental disorders: An exploratory study of healers in Accra, Ghana." PhD diss., Stellenbosch: Stellenbosch University, 2018, 3-4.

<sup>299</sup> P. F. Craffert, "Opposing world views: the border guards between traditional and biomedical health care practices." *South African Journal of Ethnology* 20, no. 1 (1997), 3.

northern Ghana, Konkomba healers responded with care and strategy. They did not simply accept or reject Western medicine. Instead, they made thoughtful choices. They adopted specific biomedical tools and ideas that supported their healing methods. At the same time, they protected the spiritual and cultural values that gave meaning and power to their work. This shows how Konkomba healers actively shaped their medical world rather than being shaped by outside forces.

This evolving form of medical pluralism must be understood within the broader historical and political context of Ghana. It encompasses the impact of colonial health policies, the efforts of post-independence governments to incorporate traditional medicine, and the ongoing disparities in rural healthcare. Using both historical records and ethnographic observations, this chapter shows how Konkomba healers manage these pressures. They engaged with both Indigenous and biomedical systems. Their healing practices did not show a simple clash between tradition and modernity. Instead, they blended ideas from different sources in a way that made sense within their culture and daily lives. This chapter contributes to the study of African medicine by demonstrating the continued relevance and significance of Konkomba healing practices. These practices are not old or forgotten. They are still central to how people make choices about their health in northern Ghana.

## **5.1 The Interaction Between Indigenous Healing and Western Medicine in Konkomba Communities**

The influence of Western medicine on Konkomba healing cannot be seen only as a case of loss or replacement. It has been a gradual and complex process marked by negotiation and change. From the late colonial period through the years after Ghana's independence, the growth of biomedical care challenged the way Konkomba healers understood health. Their healing system is based on a worldview that views illness as

more than just physical condition. It is linked to spiritual forces, ancestral guidance, and the natural environment. This difference created tensions but also allowed space for reinterpretation and adaptation.<sup>300</sup> Some Konkomba traditional healers did not abandon their practices despite the rise of state-approved medicine. Instead, they chose selective ways to adapt. They incorporated some tools and ideas from biomedicine, but they retained their cultural values and spiritual roles. This allowed them to stay relevant and respected within their communities.<sup>301</sup>

In the wake of post-independence health reforms, particularly during the Nkrumah and Acheampong administrations, the Ghanaian state framed Western and traditional medicine as a central pillar of public healthcare.<sup>302</sup> After independence, rural health programs expanded across Ghana. These included building clinics, training community health nurses, and running vaccination campaigns. At the same time, efforts were made to incorporate indigenous medicine into public healthcare. But in real practice, the interaction between the two systems was more complex. Many Konkomba healers, particularly traditional birth attendants (TBAs), have begun incorporating some biomedical methods into their practices. This shift did not happen because they were forced. It happened because they recognized the value in combining old and new approaches to benefit their communities.<sup>303</sup> This adaptation was visible in their adoption of sterilisation methods, basic anatomy knowledge, and gloves and clean blades during deliveries.<sup>304</sup> In a field interview, a TBA explained:

We studied how to keep our tools clean and how to assist a woman during labour with minimal risk. It was not just about the herbs anymore;

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<sup>300</sup> Abukari, "Integrating traditional medicine", 1848

<sup>301</sup> Michael Eastman, "Reach out and be healed: constitutional rights to traditional African healing." (2009), 5-6.

<sup>302</sup> Mark Morrison, "The Politics of Medical care.", 30; Okine, "Impact of Western-Based Science", 56.

<sup>303</sup> Adu-Gyamfi et al., "Women Assisting Women", 48.

<sup>304</sup> Akansor, "A History of Traditional Birth Attendants", 33.

it was about applying what we knew to what they taught us. Together, we could save more lives.<sup>305</sup>

Her words demonstrate a careful and intentional integration of biomedical concepts into existing traditions. The Konkomba traditional birth attendants (TBAs) did not give up their indigenous roles. Instead, they collaborated with health officers and participated in government workshops to acquire new knowledge and skills. This did not mean they surrendered their authority. It helped them stay relevant in their communities. Western medicine, to them, was not a full replacement. It was a tool they could use, shape, and incorporate into their healing system.

However, this selective use of Western medicine did not encompass the entire system. Many Konkomba healers resisted some ideas, especially those that ignored spiritual ways of knowing. They felt that looking at illness only through symptoms and germs was not enough. For them, some sicknesses had deeper causes. These included anger from ancestors, breaking cultural rules, or attacks from harmful spirits. In such cases, the healer's role went beyond physical treatment. It required spiritual understanding and rituals that Western medicine did not offer.<sup>306</sup> Doctors and nurses trained in Western medicine often worked in settings that did not recognise spiritual beliefs. As a result, they sometimes dismissed the causes of illness that local healers believed in. This weakened the spiritual role and respect that indigenous healers held in their communities.<sup>307</sup> A respected herbalist and diviner noted:

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<sup>305</sup> Personal Interview, Ndinyen Makipuembe, Damanko, Ghana, 11<sup>th</sup> November 2024.

<sup>306</sup> Personal Interview, Jachan Mmunye, Damanko, Ghana, 8<sup>th</sup> November 2024.

<sup>307</sup> Lily Kpobi and Leslie Swartz, "Indigenous and faith healing in Ghana: A brief examination of the formalising process and collaborative efforts with the biomedical health system." *African Journal of Primary Health Care & Family Medicine* 11, no. 1 (2019), 4.

They say the sickness is a bacterium or a virus, but we see the work of spirits. How can a machine see what the ancestors have caused? Some sicknesses are not for injections; they need sacrifice and rituals.<sup>308</sup>

Such statements underscore the ontological divergence between the two systems. For traditional healers, healing involves restoring the body and the moral and spiritual equilibrium of the individual and community.<sup>309</sup> The decision by some Konkomba healers not to refer patients to hospitals, or to combine ritual healing with biomedical care demonstrates their holistic understanding of health and well-being. This choice is not just about holding on to tradition. Real challenges also shape it. Many rural communities live far from hospitals. Treatment is often expensive. Some patients also face poor treatment or are not respected by hospital staff. In this way, what may appear as resistance is also a response to inequality within the health system.

Even after many years of state and missionary efforts, indigenous medicine remains a strong and vital component of Konkomba health practices. Traditional healers still treat illnesses that Western medicine often struggles to manage. These include conditions like chronic skin diseases, infertility, spiritual problems, and some mental health issues. This demonstrates that traditional healing continues to address genuine needs in the community.<sup>310</sup> Peter White notes that:

While African traditional religion does not oppose the use of Western medical treatment, its adherents maintain that certain illnesses cannot be effectively addressed through biomedical means alone and thus require spiritual intervention, like practices observed in some Christian churches.<sup>311</sup>

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<sup>308</sup> Personal Interview, Manyen Kanjor, Damanko, Ghana, February 20, 2025.

<sup>309</sup> Kanjor, Interview.

<sup>310</sup> Mmunye, Interview.

<sup>311</sup> White, "The concept of diseases", 1.

In many Konkomba communities, traditional healers are seen not only as caregivers but also as moral leaders and keepers of ancestral knowledge. Their authority does not come from formal education or certificates. Instead, it is built through long periods of apprenticeship, spiritual calling, and results that speak for themselves.<sup>312</sup> One Konkomba healer reflected:

People come from Yendi, Tamale, and even Accra. They come when the hospital cannot help them. We treat the body, but we also talk to their spirit. That is why they trust us.<sup>313</sup>

His words show that indigenous healing is not just part of the past. It remains a living and valuable system of care and knowledge. Today, many young Konkomba healers utilize mobile phones and messaging apps, such as WhatsApp, to connect with patients. They send photos of symptoms and seek advice from older healers in distant places. Some also combine herbal treatments with modern drugs. This creates a new form of medical practice that blends traditional and contemporary approaches, showcasing both continuity and change.<sup>314</sup>

## **5.2 Medical Pluralism and Therapeutic Negotiation among the Konkomba**

Medical pluralism refers to the simultaneous presence and interaction of multiple medical systems, therapeutic practices, and health-related belief systems within a single society.<sup>315</sup> Samuel Adu-Gyamfi and Eugenia Anderson argue that the notion of medical pluralism was first conceptualised by medical anthropologists in the 1970s, originally as part of a broader political initiative aimed at legitimising and preserving non-biomedical healing systems in the face of the expanding influence of

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<sup>312</sup> Personal Interview, Ninkple Kajol, Nkwanta, Ghana, 18<sup>th</sup> November 2024.

<sup>313</sup> Personal Interview, Ntajor Yajabund, Sibi, Ghana, January 19, 2025.

<sup>314</sup> Yajabund, Interview.

<sup>315</sup> Patil et al., "Exploring medical pluralism", 49.

biomedicine. However, medical pluralism should not be viewed solely as a Euro-American theoretical construct. Instead, it reflects the pragmatic healthcare strategies developed within African societies. These indigenous approaches to healing emerged from centuries of cultural exchange, contestation, and adaptation. Moreover, it is essential to recognise that traditional healers' insights, interpretations, and practices across the continent are diverse and cannot be assumed uniform or universally applicable.<sup>316</sup>

Bringing Western medicine into the therapeutic life of the Konkomba has not entirely replaced indigenous healing. Instead, the meeting of Western and traditional knowledge has created a complex space where both systems exist together. This situation, often referred to as medical pluralism, allows different healing practices to coexist and interact with one another. It also gives patients the chance to choose what works best for them.<sup>317</sup> This medical pluralism does not show passive acceptance of Western medicine. Instead, it reflects how Konkomba healers and communities actively negotiate with new ideas. They do not reject outside knowledge completely. Instead, they take what is useful and fit it into their ways of thinking about health. Local beliefs, social roles, and respect for ancestral wisdom shape these decisions.<sup>318</sup> Rebekah Lee argues that:

Medical pluralism remains a persistent element of African healing traditions, though its specific forms have varied across historical contexts. Despite the introduction of comprehensive colonial health interventions, such as sanitary segregation policies and the establishment of mental asylums, Indigenous therapeutic practices not

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<sup>316</sup> Patil et al, "Exploring medical pluralism", 49.

<sup>317</sup> Adu-Gyamfi and Anderson, "African traditional healing", 97.

<sup>318</sup> Fabian Winiger, "The spirituality of others and the WHO discourse on traditional medicine." *The Spirit of Global Health: The World Health Organization and the "Spiritual Dimension" of Health* 2021 (1946), 93-94.

only endured but also adapted by incorporating novel technologies and treatment methods, thereby maintaining their relevance within evolving health landscapes.<sup>319</sup>

In the first decade of the twentieth century, British expansion into the Konkomba-dominated regions of the Northern Territories was not prompted by health concerns but rather by the aftermath of the Yaa Asantewaa War of 1900-1901.<sup>320</sup> Starting from the 1940s, the Colonial Government initiated sanitation and vaccination policies targeting various disease causes in the Northern Territories, including Konkomba communities.<sup>321</sup> Benjamin Talton noted that:

In September 1940, Veterinary Services officers undertook the annual bovine pleuropneumonia vaccination campaign across all villages and hamlets in the Konkomba region. Bovine diseases such as pleuropneumonia and rinderpest posed significant threats to cattle in the Northern Territories.<sup>322</sup>

By 1930, it was estimated that over half of all Konkomba cattle had succumbed to rinderpest in the preceding years. Responding to this crisis, the colonial administration initiated collaborative efforts through the Veterinary Services office in 1932 to combat these diseases. Through these concerted efforts, the number of cattle falling ill drastically decreased. From the program's outset, the Konkomba community actively participated in the vaccination process.<sup>323</sup> Alongside the mid-1930s anti-

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<sup>319</sup> Lee, *Health, healing, and illness*, 10.

<sup>320</sup> Tasin, *A history of Konkomba medical culture*, 134.

<sup>321</sup> PRAAD (Tamale) NRG8/13/4 Sanitation, Northern Territories Policy; PRAAD (Tamale) NRG8/13/5 Vaccination Campaign in the Northern Territories. The vaccination policy by this period had been extended from the colony, which had earlier received vaccinations against smallpox and other infectious diseases. See PRAAD (Cape Coast) ADM 23/1/176 Smallpox Infectious Diseases. For further information on early sanitary reforms in the Gold Coast, see Thomas S. Gale, "The Struggle against Disease in the Gold Coast: Early Attempts at Urban Sanitary Reform." *Transactions of the Historical Society of Ghana* 1 (Vol. 16, no. 2 (1995): 185-203. As cited in Tasin, "A history of Konkomba medical culture", 138-139

<sup>322</sup> Talton, *Politics of Social Change*, 90.

<sup>323</sup> *Ibid.*, 90.

trypanosomiasis campaign, efforts were made to combat yaws, particularly in the Konkomba community. Governor Alan Burns oversaw Yaw's campaign primarily in the Yendi district during the 1940s, contributing to reduced health risks within the Konkomba areas.<sup>324</sup> While colonial authorities often regarded these interventions as superior, they did not necessarily meet the social and spiritual needs of the Konkomba people.

Konkomba healers have not disappeared with the growth of biomedical services. Instead, they have shown a strong ability to adapt. It was observed that many traditional healers were open to new ways of diagnosing illness. They did not replace their old methods. Instead, they utilized biomedical tools in conjunction with their spiritual and herbal knowledge. This improved their healing work and gave their patients more confidence.<sup>325</sup> A herbalist remarked:

I observed how the nurses detect fever and examine the eyes to identify blood deficiency. We now use these techniques not to replace our herbs and prayers but to better understand the body before treatment. It strengthens our healing, not weakens it.<sup>326</sup>

In recent years, traditional healing spaces, particularly those organised as Herbal Care Centres, have witnessed a steady integration of biomedical instruments. Tools such as stethoscopes, thermometers, and blood pressure monitors are now commonly found alongside herbal preparations and ritual practices. This development reflects a gradual shift in how indigenous healers respond to changing patient expectations, medical needs, and state regulations. It also points to a broader transformation in the interface between indigenous knowledge systems and Western medical practices.

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<sup>324</sup> Addae, *History of Western Medicine in Ghana, 1880-1960*, 29.

<sup>325</sup> Personal Interview, Likpalmor Nwaki, Danado, Ghana, 26<sup>th</sup> February 2024.

<sup>326</sup> Personal Interview, Donkor Talla, Asindo Kura, Ghana, 19<sup>th</sup> March 2024.

Rather than rejecting biomedical tools, many traditional healers have adopted them to improve diagnosis and gain legitimacy in the eyes of their clients and the formal health system. This blending of old and new forms is part of a wider historical process of adaptation and survival within Ghana's evolving health landscape.<sup>327</sup>

The presence of biomedical tools in traditional healing spaces does not signal biomedical dominance. Instead, these instruments have been reinterpreted through Indigenous ways of knowing and understanding. Their use reflects the healer's ability to adapt and incorporate external knowledge without losing authority. This is not a surrender, but a display of agency and innovation within Indigenous healing system.<sup>328</sup>

Abukari Kwame contends that:

Such innovations reflect a willingness among traditional healers to improve their methods to make traditional medical healing (TMH) more appealing. These developments also indicate that healers actively adopt measures to ensure their practices' safety, quality, and hygiene, presenting themselves as adaptable and forward-looking practitioners.<sup>329</sup>

The centrality of traditional medicine in Konkomba's reproductive health particularly underscores this dynamic. Issues surrounding childbirth, infertility, postpartum care, and what are often categorised as “female illnesses” were frequently conceptualised within spiritual or moral frameworks.<sup>330</sup> In these contexts, Western medicine is often perceived as inadequate. A traditional birth attendant offered the following insight:

When a woman cannot carry a child, the hospital staff may give her injections, but still, the child does not come. The problem is not her

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<sup>327</sup> Abukari, "Integrating traditional medicine", 1856.

<sup>328</sup> Personal Interview, Likpalmor Nwaki, Danado, Ghana, 26<sup>th</sup> February 2024.

<sup>329</sup> Abukari, "Integrating traditional medicine", 1856.

<sup>330</sup> Noelia Molina, *Motherhood, spirituality, and culture*. Routledge, 2019, 5-7.

blood or womb; it is because she stepped on cursed ground. Only the ancestors can forgive. That is why she must come to us.<sup>331</sup>

From the perspective of many Konkomba healers, Western medicine is effective in treating visible physical ailments. Still, it falls short when illness is believed to come from ancestral displeasure, broken taboos, or spiritual forces. This view draws a line between what biomedicine can manage and what must be addressed traditionally.<sup>332</sup> Consequently, Konkomba health-seeking practices are not simply split between two opposing systems. Instead, choices are shaped by the type of illness, beliefs about its cause, and the cultural values attached, leading many to move between healing options depending on the situation.<sup>333</sup>

Furthermore, the incorporation of pharmaceuticals such as paracetamol, antimalarials, and antibiotics into indigenous healing repertoires does not represent the erosion of traditional medicine. Instead, it exemplifies a pragmatic and adaptive therapeutic logic.<sup>334</sup> In rural contexts where biomedical facilities are distant, costly, or culturally misaligned, traditional healers often act as mediators, guiding patients through spiritual and biomedical dimensions of care.<sup>335</sup> A practitioner explained:

If a child suffers from convulsions, we first use herbs. If the child does not wake up, we rush to the clinic. But once they return, we complete the final healing, so it does not return. The illness must leave both body and spirit.<sup>336</sup>

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<sup>331</sup> Personal Interview, Gmaki Nimor, Jato Kura, Ghana, June 20, 2024.

<sup>332</sup> Personal Interview, Yakubu Issah, Kabre Kura, Ghana, June 18, 2024.

<sup>333</sup> Arthur Kleinman et al., "Culture, illness, and care: clinical lessons from anthropologic and cross-cultural research." *Annals of Internal Medicine* 88, no. 2 (1978), 141

<sup>334</sup> Abukari, "Integrating traditional medicine", 1854.

<sup>335</sup> Personal Interview, Lamawan, Jato Kura, Ghana, June 18, 2024.

<sup>336</sup> Nimor, Interview.

These accounts point to a model of therapeutic complementarity.<sup>337</sup> The relationship between traditional and biomedical practices is not inherently antagonistic; each system occupies a distinct but overlapping role within a broader therapeutic landscape.<sup>338</sup> The choice between them is guided by considerations of accessibility, affordability, cultural quality, and perceived efficacy, factors that challenge simplistic binaries of “traditional” versus “modern” medicine.<sup>339</sup> This has created a complex medical landscape where Konkomba communities draw from different healing systems. They adapt and combine both traditional and biomedical practices in ways that respond to the specific health needs of their people.

### **5.3 The Impact of Western Medicine on Healthcare-Seeking Behaviours among the Konkomba**

Colonial authorities primarily aimed to reshape African societies to align with European conceptions of modern medicine. This objective drove initiatives to reform and standardise Indigenous medical practices. Regulatory frameworks were introduced, mandating that practitioners obtain official licenses. These measures eventually led to formal associations among indigenous healers, fostering a structured professional environment within traditional medical practice.<sup>340</sup> In the years following independence, the Ghanaian state invested in expanding biomedical infrastructure and public health education and made deliberate efforts to revive and integrate traditional

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<sup>337</sup> Bateson (1936/1958) introduced the concept of complementarity in his anthropological examination of cultural interaction patterns. He identified status—also referred to as power, control, or dominance—as a central factor in shaping human communication. Based on this, he proposed two primary forms of interaction: complementary and symmetrical. Complementary interactions are characterized by a disparity in status between participants, while symmetrical interactions emerge when participants share equal status. See Terence J. Tracey, "An interpersonal stage model of the therapeutic process." *Journal of Counselling Psychology* 40, no. 4 (1993), 396-397.

<sup>338</sup> Abukari, "Integrating traditional medicine", 1847.

<sup>339</sup> Njeri Nyambura Kend, "Impact of Traditional Medicine Integration", 19.

<sup>340</sup> Adu-Gyamfi and Anderson, "African traditional healing", 97.

medical practices into the modern healthcare system. This dual approach balanced modernisation with cultural continuity, reflecting a broader postcolonial emphasis on national identity and Indigenous knowledge systems.<sup>341</sup>

These developments did not lead the Konkomba to abandon Indigenous healing practices. Instead, a distinctive form of medical pluralism emerged, where individuals navigate between biomedical and traditional systems depending on their interpretation of illness.<sup>342</sup> For instance, physical ailments such as fevers or injuries often prompt visits to health centres, whereas afflictions believed to have spiritual origins, such as prolonged infertility, inexplicable convulsions, or mental disturbances, are typically addressed through the services of traditional healers.<sup>343</sup> These practitioners employ herbal remedies, spiritual rituals, and divination rooted in long-standing community beliefs. A female herbalist shared:

Sometimes, the clinic cannot help. If a child cries at night and doesn't eat, it may be a spirit. When they bring the child to me, I talk to the ancestors and use herbs. That's how healing comes.<sup>344</sup>

This reflects the deeply spiritual and ancestral framework through which many Konkomba continue to understand health and illness. However, a generational shift is evident. Younger Konkomba, especially those with formal education or those living in towns and urban areas, often lean more toward biomedical services. For example, a respondent remarked:

When I feel sick, I go to the health centre. But my mother still believes in the old ways. If a sickness keeps returning, she says it's not just medicine that will cure it.<sup>345</sup>

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<sup>341</sup> Adu-Gyamfi and Anderson, "African traditional healing", 100.

<sup>342</sup> Patil et al. "Exploring medical pluralism ", 56.

<sup>343</sup> Personal Interview, Tinanyen Waki, Moba, Ghana, 29<sup>th</sup> February 2025.

<sup>344</sup> Personal Interview, Naajo Konpi, Moba, Ghana, February 29, 2025.

<sup>345</sup> Personal Interview, Amos Abongo, Nkwanta, Ghana, December 14, 2025.

This shift emphasises how education, urban exposure, and public healthcare influence contemporary healthcare choices among Konkomba's younger populations.

Despite the government's inclusive approach, practical challenges persist in hindering the reach and effectiveness of biomedical healthcare in rural areas, including the Konkomba communities. Poor transportation infrastructure, long distances to clinics, and high medication costs often lead Konkomba communities in northern Ghana to rely on trusted traditional healers.<sup>346</sup> In an informal conversation, a woman shared:

When my child was sick, I took him to the clinic. They gave medicine, but he did not get better. Then the local healer said it was a broken taboo. After the ritual, he recovered. Now I do both.<sup>347</sup>

This exemplifies the pragmatic and culturally informed decision-making that characterises healthcare-seeking behaviour in many Konkomba communities.

#### **5.4 Conclusion**

The relationship between Western biomedical systems and Konkomba traditional healing has not been one of outright replacements, but of continuous adaptation and negotiation. Rather than abandoning their Indigenous medical knowledge, Konkomba healers have selectively blended aspects of biomedicine, such as sterilisation techniques, basic diagnostic tools, and certain pharmaceuticals, into their existing practices. At the same time, they continue to uphold the core spiritual and cultural beliefs that shape their understanding of illness and the healing process. This blending is evident in maternal healthcare, where traditional birth attendants integrate hygienic methods learned from biomedical training with herbal remedies and ritual

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<sup>346</sup> Razak Mohammed Gyasi et al., "Public perceptions of the role of traditional medicine", 43

<sup>347</sup> Personal Interview, Makantiche Ntamel, Damanko, Ghana, 29<sup>th</sup> March 2025.

practices rooted in local traditions. Spiritual interpretations of illness, including the role of ancestors, remain central, especially in cases where biomedicine offers no clear explanation or solution.

Hesitancy or resistance toward biomedical care is often linked not to ignorance, but to limited access and differing worldviews. Many communities have also felt excluded or misunderstood by the formal healthcare system. Despite decades of national health policies that prioritise Western medicine, traditional healing continues to thrive. It remains respected because it meets the community's needs and adapts to their lived realities. In today's increasingly pluralistic medical environment, marked by the coexistence of mobile phones, pharmaceutical drugs, and ancestral rituals, Konkomba healers continue to redefine their roles. They demonstrate relevance by navigating both worlds. The presence of biomedical tools in their spaces should not be read as submission to biomedical authority. These tools have been reinterpreted through Indigenous knowledge systems. Their use reflects creative agency, not surrender. The healer's authority remains intact and is often strengthened through the skillful incorporation of external knowledge. The next chapter brings this study to a close by summarising the key arguments and highlighting the historical significance of these ongoing adaptations in Konkomba healing traditions.

## CHAPTER SIX

### CONCLUSION

#### 6.1 Summary of Key Findings

This thesis undertook a historical study of Konkomba medical practices from the post-independence period of Ghana in 1957 to the present day. Drawing on archival sources, ethnographic interviews, and a critical engagement with existing scholarship, the study has shown that traditional medicine in Konkomba society has remained a vital and evolving institution. Far from being a static holdover from the past, it has functioned as a dynamic and culturally embedded system that continues to shape how illness, healing, and well-being are understood and experienced. The research highlights that Konkomba healing practices have been influenced not only by health concerns but also by ecological knowledge, religious beliefs, and socio-political change.

Chapter Two highlighted the ecological dimensions of health and illness within Konkomba cosmology. It demonstrated how seasonal cycles, environmental changes, and ecological events inform the interpretation of disease and the timing of healing interventions. The chapter underlined the holistic nature of traditional healing, where physical symptoms are viewed through a broader moral, spiritual, and ecological lens. In this context, health is conceived not merely as the absence of disease but as a balance between the individual, the natural environment, and the spiritual order.

Chapter Three built on this by exploring the metaphysical foundations of Konkomba medical thought, ritual practice, and cosmological belief. Central to this worldview is a belief in a Supreme Being, deities, and ancestral spirits, who are seen as active agents in matters of health and affliction. Healing rituals, including libations, sacrifices, and symbolic offerings, are acts of spiritual negotiation and expressions of

social and communal continuity. Traditional healers operate at the intersection of religion and medicine, acting as physical curers, mediators of spiritual balance, and custodians of social cohesion. This challenges the biomedical tendency to treat health in narrow physical terms.

Chapter Four examined the post-independence state's engagement with indigenous medicine. Initiatives such as the Centre for Scientific Research into Plant Medicine and the Danfa Comprehensive Rural Health Project reflected attempts to institutionalise traditional healing within the framework of state health policy. However, these efforts often reduce complex healing systems to their herbal components, stripping them off their spiritual and cultural meanings. The study found that while some healers aligned themselves with formal systems in search of recognition, others resisted what they perceived as marginalisation and epistemological erosion. Hence, the relationship between state policy and indigenous medicine remained uneven and shaped by underlying tensions between biomedical dominance and cultural autonomy.

In Chapter Five, the thesis turned to the adaptive strategies employed by Konkomba healers in response to the expanding influence of Western medicine. Rather than signalling decline, the spread of biomedicine gave rise to a new form of medical pluralism. Healers selectively borrowed from biomedical knowledge, especially diagnostic tools and specific therapeutic techniques, not to replace their traditional methods but to enhance their credibility and effectiveness. These adaptations were made on Konkomba terms, grounded in spiritual principles that continued to guide healing practices. This revealed that traditional medicine was not in conflict with modernity but rather negotiated its place within it, blurring simplistic divides between the "traditional" and the "modern." As a result, the findings challenge the widespread

assumption that traditional African medicine is either obsolete or complementary to biomedical practice. The Konkomba case shows that Indigenous healing remains central to community health, not only as a practical resource but as a moral and spiritual institution. It has continued to evolve in response to political, environmental, and epistemological change, serving the people's cultural, emotional, and physical needs.

The implications of this research extend beyond the Konkomba context. If health policy in Ghana, and Africa more broadly, is to be inclusive and effective, it must go beyond tokenistic gestures toward traditional medicine. There is a need for sustained and respectful dialogue that recognises Indigenous healing as a legitimate system of knowledge with its internal logic. Rather than merely integrating traditional medicine into biomedical structures, such efforts should acknowledge and uphold the cultural foundations that give it meaning and authority. In this way, the thesis contributes to the broader historiography of medicine in Ghana by shedding light on how traditional healing systems have persisted, adapted, and maintained their relevance in the face of internal transformations and external pressures. It argues for a more pluralistic and culturally grounded understanding of health that embraces complexity and resists homogenisation.

## **6.2 Conclusion**

This thesis has examined the historical transformation of traditional medical practices among the Konkomba people of Northern Ghana, focusing on the post-independence era to the present. Drawing on oral histories, cultural analysis, and historical records, I have shown that Konkomba healing practices have neither disappeared nor remained static. Instead, they have evolved in response to changing

political, social, and environmental realities while remaining rooted in long-standing cosmological beliefs and communal values.

One of the key arguments of this thesis is that traditional medicine among the Konkomba cannot be understood solely as a cultural artefact or an outdated system. Instead, it is a dynamic and responsive health practice shaped by ecological knowledge and spiritual worldviews. The continued relevance of these healing systems reflects the Konkomba people's deep-seated understanding of health as a balance between the physical, spiritual, and communal realms. This finding supports existing scholarship, particularly the works of Sodi and Bojuwoye, which frame African healing within holistic and culturally embedded frameworks.

At the same time, the thesis explored how Konkomba healers have navigated the pressures and possibilities presented by state health reforms and the expansion of Western biomedical care. Incorporating certain biomedical practices, like sterilisation and modern pharmaceuticals, into traditional healing routines demonstrates a strategic adaptation rather than passive absorption. This nuanced relationship challenges the binary thinking that often separates indigenous medicine from biomedicine. It aligns with scholars like Oguamanam, who caution against the regulatory frameworks that seek to formalise traditional medicine without acknowledging its spiritual and communal essence.

Furthermore, the analysis of state policy, from the Ghana Psychic and Traditional Healers Association to the Traditional Medicine Practice Act, reveals a tension between institutional recognition and control. While these reforms have brought visibility to traditional medicine, they have also introduced standardisation processes that may not fully respect the spiritual logic and diverse practices within Indigenous

systems. For the Konkomba, this has meant finding ways to preserve the core of their healing traditions while engaging with national health structures on their terms.

In revisiting the literature, I found that the works of Owoahene-Acheampong and Ampomah were particularly relevant in showing how African healing practices are deeply moral, spiritual, and symbolic. My findings reinforce the idea that indigenous medicine cannot be detached from the broader cultural and cosmological contexts in which it operates. The Konkomba case illustrates that traditional healing is not merely about herbs or rituals but about reaffirming identity, restoring harmony, and strengthening community bonds.

This thesis contributes to a growing body of scholarship that calls for a more respectful and inclusive understanding of Indigenous health systems. It suggests that traditional medicine should not be relegated to the margins of history or public health but should be recognised as a legitimate and evolving knowledge system. The Konkomba experience challenges us to rethink dominant narratives in African medical history and appreciate local communities' capacity to innovate, adapt, and sustain their models of care.

Hence, this study affirms that traditional medicine, far from being static or obsolete, remains an essential and meaningful part of the Konkomba people's lives. Its continued practice speaks not only to the community's flexibility but also to the limitations of a healthcare model that overlooks culture, spirituality, and lived experience. As such, the thesis advocates for a pluralistic and culturally sensitive approach to health that values indigenous knowledge as historically significant and practically relevant.

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