Herbs and Healers of the North: Medicine, Practices and Philosophies in Islamic and Traditional Healing in Northern Ghana

Renee Edwards
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School for International Training

Study Abroad- Ghana

(Social Transformation and Cultural Expression)

Spring 2012

Herbs and Healers of the North:

Medicine, Practices and Philosophies in Islamic and Traditional Healing

in Northern Ghana

Renee Edwards

(Babson College)

Project Advisor: Dr. Owusu Brempong
Institute of African Studies
University of Ghana, Legon.
Academic Director: Dr. Olayemi Tinuoye
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1. Title: Herbs and Healers of the North: Medicine, Practices and Philosophies in Islamic and Traditional Healing in Northern Ghana
2. Author: Renee Edwards (redwards6@babson.edu; Babson College)
3. Objective: The objective of this project was three-fold:
   i. To understand the fundamental practices, philosophies, and perceptions in and around Islamic and traditional healing in Northern Ghana.
   ii. To identify the herbs, substances, and methods used to treat illnesses in Islamic and traditional healing.
   iii. To evaluate the measures of efficacy in Islamic and traditional healing.
4. Methodology: I lived in Tamale, in the Northern Region of Ghana for 23 days. I formally interviewed eight healers in six communities in and around Tamale. The demographics of the healers I interviewed were two Muslim healers and six traditional healers, six men and two women. I observed one preparation of medicine by a traditional healer, and the treatment of a demon-possessed patient by the Muslim healers. I also learned how to prepare herbs used in a calabash. I used formal and informal interviews I transcribed all interviews, one sentence at a time, by hand.
5. Findings: Data showed several similarities between Islamic and traditional healers regarding causes of illnesses. Many illnesses are considered to be the result of demon possessions and spiritual curses. Nevertheless, the methods of treatment vary. While Imams use specific medicines and scriptures from the Holy Qur’an, traditionalists derive medicines through communication with deities, jinns, dwarfs, ancestors, and other spirits. Traditionalists also have a larger selection of herbal remedies. In both Islamic and traditional healing, there is an aspect of secrecy. For instance, although the Qur’an is available for anyone to read, there are certain messages and medicines that require special knowledge of the Holy Qur’an. In traditional healing, the idea of secrecy is even more blatant. The sharing of traditional medicines, when permitted, is done over time and through genuine relationship building.
6. Conclusion: The study of the herbs, practices and philosophies in Islamic and traditional healing can be difficult to conduct physically because much of this
information is spiritual in nature or affiliation. Besides this, there are many secrets that healers are not readily prepared to share, often out of a desire to protect themselves, their medicines, and/or their traditions, especially from people who may misuse it or use it to become more powerful than the healer. There are many similarities in the considered causes of disease, and differences in the applied treatment in Islamic and traditional healing. Further studies are needed to study the efficacy of these treatments, scientifically, when possible, and by first-hand account from patients. It may also be useful to research the gender dynamics of healing in Ghana. It is not practical to approach healers over a short period of time and expect to develop a full understanding of healers’ practices, philosophies, and medicines for healing. It takes a long time to develop their knowledge, and it will take much time and relationship building to share these secrets. Once these secrets are shared, there is an expectation or requirement of confidentiality that must also be upheld.

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The African proverb, “It takes a village to raise a child” could not be more appropriate. When I pause to consider the past twenty years of my life, I realize that there were many bodies, spirits, and thoughts that nurtured my growth and development. Every person, place, and thing I have interacted with has added something to me and has thus shaped the woman that I am. I would like to thank all people, places, things, and ideas that I have come into contact with.

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Introduction

My earliest and clearest memory of interest in alternative healing and medicine occurred at twelve years old, when I read the book *Natural Cures “They” Don’t Want You to Know About* by Kevin Trudeau. I had an innate feeling that the manner in which diseases and common illnesses were treated in the United States was harsh to the body and the planet. I found it unnatural. Trudeau discussed alternative therapies, medicines, and habits—from specific herbs and bodywork to electromagnetism and positive thinking—which had been used throughout generations, to treat illnesses by different peoples around the world. I remember reading about the negative human side effects, environmental effects, and economic benefits of conventional Western medicine and therapies. I believed, from twelve years old, that there was a more natural, holistic alternative way to cure illnesses.

When I applied for the SIT Ghana: Social Transformation and Cultural Expression program, I knew that I wanted to study traditional herbal medicine. At the time, I was unaware of the close relationship between traditional medicine and traditional religion. One of my first encounters with traditional medicine in Ghana, however, occurred on our program’s visit to an Akan priestess in the Ashanti Region, during our third week in Ghana. I learned that one of the roles of a traditional priest or priestess in his or her community is that of a healer. I also learned from the Akan priestess, and through personal interactions, that there were some stigmas around
traditional religion that caused some people, namely those practicing Christianity and Islam in Ghana, to perceive traditional religion and medicine negatively. Nevertheless, a majority of Ghanaians choose to use traditional medicines and traditional healers to treat illnesses.

I decided to study herbs and traditional healing for my mini independent study project during my two-week residence in the Ashanti village of Nyinampong, outside of Mampong. During this period, I worked with two herbalists; a man, Kwame Yamoah who had learned herbal remedies from his late father, a traditional priest, and a woman, Adwoa Afriyie who had learned about herbs from her grandmother. I asked both herbalists about any relationship between their healing herbs and traditional religion, and both independently responded that they did not worship the “demi-gods” or “lesser gods.”

These experiences encouraged me to study herbs and healing in Northern Ghana, while observing the significance of religion in healing. I chose to study in the Northern Region because it allowed me to focus on a highly Islamized as well as traditional culture. I had heard several references to the “‘Africanization’ of Islam,” and the idea that this had created an almost seamless relationship between Islam and traditional African religion, which intertwines with traditional healing.

To supplement my fieldwork, I studied diverse literature on traditional African religion and its relationship to traditional healing. This included authors such as T.N.O.
Quarcoopome, John S. Mbiti, Kofi Asare Opoku, and E. Evans-Antom. In *West African Traditional Religion*, Quarcoopome (1987) addresses the relationship between traditional medicine, traditional religion, and magic throughout West Africa, and indicates that despite measures to separate the three, the traditional belief in the spiritual aspects of medicine creates an interdependent relationship. Mbiti (1991) discusses the different religious leaders in West Africa, including a diverse collection of the types of traditional healers. Opoku (1978) informs readers about the West African perception of the inefficacy of Western medicine, the different conceptions about causes of illnesses, and the different spirits that communicate information about medicine to traditional healers. Evans-Antom (1986) overviews the general history of traditional medicine in Ghana, compares and contrasts traditional and modern medicine, and details some of the problems, practices, opportunities, and efficacy of traditional medicine.

I intended to meet the following research objectives:

i. To understand the fundamental practices, philosophies, and perceptions in and around Islamic and traditional healing in Northern Ghana.

ii. To identify the herbs, substances, and methods used to treat illnesses in Islamic and traditional healing.

iii. To evaluate the measures of efficacy in Islamic and traditional healing.

My hypothesis was that I would find cooperation between and a blending of Islamic and traditional healing practices, and healers who wanted to openly share their knowledge about healing. I expected to see both types of healers use highly faith-based
methods of healing to cure the sick. I also expected to collect several herbal remedies for common and complicated illnesses, and to learn about the specific purposes of the herbs used in treatment. I hypothesized that because of the faith-based nature of healing in Islam and traditional African religion, it would be difficult to objectively collect information on efficacy.
Methodology

My independent study fieldwork was based in Tamale and its surrounding villages for a period of twenty-three days. I interviewed eight individuals, who I contacted with the assistance of my SIT contact in Tamale, Fuzzy, in the following communities: Fuo (outskirts of Tamale), and the villages of Naton, Zoggu, Vuting, Kpanvo (Bintom Yeli), and Jakara Yeli. I wanted to interview both Islamic and traditional healers in the Northern region, with a proclivity towards more traditional healers, since my previous experiences suggested that there would be more mystery surrounding the amount of information any particular traditional healer would be willing to share. I also wanted to present the voices of female healers.

I interviewed two women and six men: two Muslim healers, an Imam and his assistant, as well as six traditional healers. Both of the women were traditional healers. The healers were diverse in age, ranging from the youngest at thirty years old to the oldest nearing one hundred years old. The length of time healers had been practicing ranged from seven to thirty-two years. Still, some healers did not know their age and/or the length of time they had been practicing medicine.

I chose to conduct formal interviews of all of the healers, and participated in practical herbal preparations in a calabash. Fuzzy translated to English, the statements and responses each healer made, sentence-by-sentence, which I recorded in writing.
Throughout my interviews, I took photographs of different substances used in healing, and collected herbs when possible, from the bush.

I observed the Imam healers working with a demon-possessed patient, and a traditional healer preparing an herbal remedy, including chants, sacrifices, and herbs. I recorded my observations, and asked Fuzzy to make any necessary translations or further explanations on what I was observing. After receiving permission, I also took pictures and recorded a video of the demon-possessed man.

I intended to witness the calling of the jinns, spirits that can possess earthly mediums to communicate medicine or cause human beings harm. I spent 15 Ghana cedis to greet the individuals who would call the jinns, and request their participation, but my attempt to witness the calling of the jinns, was unfulfilled because of the price of purchasing all of the equipment necessary for this experience. I would have had to spend upwards of 50 Ghana cedis for the materials alone. This was not feasible.

Alternative techniques for gathering information may have included recording interviews with electronic recorders to ensure that no communicated word or thought could be lost. Although writing the information by hand worked satisfactorily for me, I often felt pressured to move quickly in order to avoid wasting time. It would have also been useful to interview the patients of the healers I interviewed. There is, however, often a confidential affiliation between healers and their patients, and many healers, rather than seeking out patients, have patients seek them, who may not know the
healers personally. Still, in interviewing only the healers, there is a one-sided

perspective of measuring the efficacy of healing techniques, and instead, efficacy

becomes more related to the number of people who return to say that they are better,
don’t return to complain about medicines that don’t work, and the number of strangers
who are directed to healers to whom they have no direct affiliation. Word-of-mouth is

thus a powerful tool of transmitting efficacy amongst healers.
Findings

‘Africanization’ of Islam

“The man who wrote the Holy Qur’an is African. Islam is not strictly an Arab religion.”

(Tinuoye, personal communication, 26 March, 2012)

Islam, though distinct from traditional African religion, coexists with traditional Ghanaian beliefs and practices because of its blend of Arabian and African influences. The prophet Muhammad did not go to school, and did not learn the skills to permit him to write the Holy Qur’an; therefore he instructed one of his most educated advisers, a black African man, to write the Holy Qur’an (Tinuoye, personal communication, 26 March, 2012). Clarke (1982) complements this, writing, “Ancient Ghana never became in any real sense a Muslim state. It is true that its rulers became Muslims and assisted in the expansion and reform of Islam in surrounding areas, but they do not seem to have attempted to make Islamic law the law of their kingdom…. Islam in Ancient Ghana, therefore, was at best an adjunct to the traditional religion.”

The blend of non-native religions with African traditional practices can be summed up as follows: “I am a Muslim, but I believe in my traditions” (Fuzzy, personal communication, 11 April, 2012). Although traditionalists and Muslims do not follow the same practices, certain beliefs about the fundamental causes of illnesses are very similar. Of the six traditional healers I interviewed, two have affiliations and experiences with Islam. Mary Issah (personal communication, 8 April 2012) admitted to using Arabic verses from the
Quran to heal, and Sulemana (personal communication, 9 April, 2012) shares that although he does not identify as a Muslim because of his limited study of the Qur’an and traditional followings, as a young man, he used to “pray in the Islamic way.”

Despite the communication between Islam and traditional religion, however, there are still some stigmas around traditional religion. For instance, Sayutego Ibrahim explains, “Muslims complete the Hajj in Mecca, Christians go to Rome, and pagans possess smaller gods” (personal communication, 7 April 2012). The word “pagan,” though appropriate to the New Oxford American Dictionary (2005) definition, “a person holding religious beliefs other than those of the main world religions,” is often used in a derogatory context. Quarcoopome (1987) explains that the word “pagan” “derived from the Latin word paganus, meaning originally a village dweller… or a countryman, a person who lives far away from the civilized community.” This word, originally sociological in nature, changed over time. Quarcoopome (1987) continues, “From its sociological roots, paganism is used by Western investigators to refer to the religion of so-called primitive or uncivilized people….To say that anyone who does not acknowledge Jehovah or Christ or Allah is a pagan…is nothing short of bias, a one sided value judgment.”

**Origin of Illnesses**

Opoku (1978) explains that traditionally, “Quite apart from the purely organic causes of illnesses which are recognized and accepted, there are also traditional
explanations attached to them. These are mainly metaphysical explanations such as punishment meted out by offended ancestors, the result of witchcraft or sorcery, foreordained destiny, or the consequence of anti-social behavior by the sufferer.”

Islam and traditional African religion share several conceptions about the causes and origins of illness in the human body, including many of the ideas presented by Opoku. Both Muslim healers and traditionalists support the idea that some sicknesses may be caused by lifestyle choices such as food, exercise, and sex, as well as accidental causes, such as falling and fracturing a bone (Afa Mustafa, personal communication, 7 April, 2012; Mary Issah, personal communication, 8 April, 2012). However, the main causes attributed to illnesses in both religions are spiritual in nature, most often demon or jinns possession and witches. Afa Mustafa says, “Seventy-five percent of people at the hospital are spiritually possessed by witches or demons, but don’t know” (personal communication, 7 April, 2012).

**Deities, Demons, Dwarfs, and Witches**

In traditional religion, deities are divinities that are “God’s immediate representatives, and are “functional” in helping “man to contact God” (Quarcoopome 1987). In order for deities to work for an individual, he or she must call upon the name of the deity, which is sacred. According to Sulemana, (personal communication, 9 April, 2012) “The deities choose families themselves. Families inherit this information”. Quarcoopome (1987) explains,
In traditional understanding medicine is closely associated with religion…. The general belief is that knowledge of medicine came directly from God and it operates through the tutelary divinities or spirits…. From this tutelary divinity the traditional doctor receives the call to be a doctor, and therefore practices his science always with reference to the divine healer. Furthermore, every divinity is believed to have in its possession a particular set of remedies for the cure of his devotees…. Thus the collection of ingredients and the dispensing and application of medicine are usually accompanied by some form of ritual medicine.

Deities communicate, throughout generations, the rituals, sacrifices, and incantations that healers must perform in order to worship them and receive their knowledge and powers.

Demons are locally referred to in the Northern region by the name, “jinns” (Afa Mustafa, personal communication, 7 April, 2012). People have been taught, by superstition, than jinns know more about the events occurring in the world than anyone else. Jinns were created by God to move with the air and wind (Sayutego Ibrahim, personal communication, 7 April, 2012). While human beings were created from the sun, jinns were created from fire (Sayutego Ibrahim, personal communication, 7 April, 2012). They are spiritual beings that live as human beings do, having families, clans, and occupations; however, they are invisible to and have more power than human beings (Sayutego Ibrahim, personal communication, 7 April, 2012). Jinns have the ability to possess human beings and any other animate or inanimate object, and make even inanimate objects appear animate (Sayutego Ibrahim, personal communication, 7
April, 2012). Just as there are good and evil human beings, there are good and evil jinns, so they may act to the advantage or disadvantage of humanity (Afa Mustafa, personal communication, 7 April, 2012). According to Sayutego Ibrahim, in traditional religion, if an individual sees an object and decides to worship it, pouring libations and believing in the ability of this object to work in one’s favor, jinns will possess it. This belief and veneration continues to allow the object to work in one’s favor. Whenever the individual approaches the object or begins to pour libations and communicate with it, jinns will possess the object and it becomes animate (personal communication, 7 April, 2012).

Dwarfs have many of the same characteristics as jinns, but may be less powerful. Quarcoo pome (1987) writes that dwarfs “are believed to be very tiny and small people who remain invincible but reveal themselves to people of their choice….Some traditional medicine men also claim that they were taught the use of certain herbs for curative purposes by such spirits. On the whole they are good spirits.” Mary Issah (personal communication, 8 April 2012) communicates with jinns who deliver herbs to help in treating illnesses. One of the perfumes used to communicate directly with dwarfs is bartutu (Mary Issah (personal communication, 8 April 2012).

Witches are usually old women possessed by a witch spirit that has the ability to cause spiritual harm to the spirit of another human being (Quarcoopome, 1987). Witchcraft may be passed down from mother to daughter, acquired by making contact
with objects known to facilitate witchcraft, purchased by one desiring the witch spirit, 
eaten in food, or acquired from evil jinns by choice or by force (Opoku, 1978;
Quarcooopome, 1987; Sulemana, personal communication, 9 April, 2012). Although
witch spirits can, theoretically, be good, they are most often affiliated with evil. Witches
leave their host bodies during sleep and gather in forests late at night in the forms of 
animals, insects, birds, and fire, to feed on the spirits of sleeping human beings (Opoku,
1978; Quarcooopome, 1987). This spiritual feeding most often manifests itself as disease
in the human body, and can lead to “paralysis, barrenness, impotence, failure in life and
even death” (Opoku, 1978; Quarcooopome, 1987; Afa Mustafa, personal communication,
7 April, 2012). Evans-Antom (1986) clarifies, “There is no calling or talking, and no
action except the invisible projection of thought. The witch achieves her objective
merely by thinking evil of or for a person.” The belief in witchcraft is found throughout
West Africa, with people across all religions, socio-economic groups, and with different
levels of education (Opoku, 1978; Quarcooopome, 1987). Quarcooopome (1987) writes,

   In its anti-social form, witchcraft is a negative spiritual
activity to which Christians and Muslims must address
themselves seriously and supplement the efforts of the
medicine men, witch doctors and diviners. They must
endeavor to combat it with the vast spiritual resources at
their disposal and make it work for the general good of the
society.

This excerpt suggests that regardless of religious affiliation, most individuals turn to
traditional healers to help combat the evils of witchcraft when relevant.
Sources of Medical Knowledge in Islamic and Traditional Healing

Despite having similar beliefs in the spiritual causes of illnesses, Islamic and traditional healers differ in their ideologies on how to heal, and their sources of information about healing.

According to the Imam’s assistant, Sayutego Ibrahim (personal communication, 7 April 2012),

The Holy Qur’an can heal all sicknesses if only you have faith in it. Before we can use the Holy Qur’an to treat, you must have faith in almighty Allah. God says in the Holy Qur’an that the Holy Qur’an is an herb for all sicknesses, for any person at all with sickness, but it only heals the person who has faith. If the person doesn’t have knowledge of the Holy Qur’an, we can use it to treat, but if you boldly say you don’t believe in the Holy Qur’an, it can show the sickness and reveal medicine, but because you don’t believe, it can heal some symptoms, but not all.

The Imams use medicines and recite verses used by prophets in the Qur’an, including the prophet Muhammad, Jesus Christ, and Ibrahim, to treat patients. According to Afa Mustafa (personal communication, 7 April 2012), “unless they recite the Holy Qur’an, all this treatment [found in the Qur’an], will not work. Thus, the Islamic manner of facilitating healing is almost entirely faith-based. Healing comes from God who communicates information through the Qur’an. An Islamic healer must have a thorough understanding and application of wisdom from the Qur’an, and must follow the examples of the prophets.
Traditional healing is also largely faith-based, but it is facilitated through communication with deities, jinns, dwarfs, ancestors, dreams, visions, and inclinations. Most traditional healers admit to having received the power to heal and communicate with spirits by family inheritance, where the abilities were either taught by a family member, or passed on after the death of a family member. Mary Issah (personal communication, 8 April, 2012) says, “The demons show me what to do. It was being possessed by my grandfather and passed on to my father and then when they both passed away, I then inherited it, and that is how I got the healing powers; so the demons direct me in what to do.” Likewise, Kadulnaa-Yeli Mb-zelim says, “My father was having medicine for treatment and I was going for the herbs. My father taught me all the herbs. When my father died, I inherited him, that’s why I started treating.” Sulemana (personal communication, 9 April, 2012) also says, “My father taught me. His father taught him.”

Some traditional healers combine inheritance from ancestors with pursuing knowledge from elders. Al-hassan (personal communication 11 April, 2012) confirms, “I learned how to use traditional herbs and healing from my grandfather and elderly people in the community. How you do things for them [elderly people] will help you in the future. They will say, “My son, I have something for you” and share their secrets. This supports the importance of relationship building in traditional medicine. It is not easy for people to share secrets, particularly those related to medicine, magic, and
spirits with any person they interact with. One must be consistently respectful and helpful, in a way that one becomes like a family member. This takes time and trust.

Still other healers, such as Yahaya Kwaku (personal communication, 8 April 2012) are called to healing through what Evans-Antom (1986) describes as “a ‘voice’ heard in the bush whilst collecting herbs or even whilst farming.” In his own words, Kwaku says, “If I am going to the farm and my heart tells me to pick this herb, I pick it. So I follow what my heart tells me.” Kwaku does not explicitly mention the role of any spirits in his healing practice, but describes his knowledge as more innate.

**Medicine and Rituals in Islam**

Mustafa and Ibrahim (personal communication) explain that the only medicine they use are those found in the Holy Qur’an, and is limited to black seed oil, black seed pomade, honey, olive oil, shea butter, perfumes (fragrant oils), incense or dhoop sticks, and water.

Black seed oil is one of the most versatile medicines. It is imported from Saudi Arabia and can be drunk or applied to the skin. It is used for all kinds of sickness, except death. This includes treating barrenness caused by demon possession, pregnancy disturbances to the mother, and all chest-related health problems. Afa Mustafa (personal communication, 7 April, 2012) has also used black seed oil to treat HIV/AIDS. He explains, “People have gone to the hospital and found out they had HIV/AIDS. I stopped them from taking hospital chemicals for three months and they went back and
it was negative. Black seed oil is used with the Holy Qur’an to make the treatment faster.”

Black seed pomade is used for the same purposes as black seed oil, however, it is only rubbed on the skin, and never ingested [Afa Mustafa, personal communication, 7 April, 2012).

Honey is used for stomach pains, chest pains, and heeding sickness where the patient and doctors do not know the cause of illness. Afa Mustafa (personal communication, 7 April, 2012) explains, “If someone has a heeding sickness, honey will reveal sickness and cure other pains.” Honey and black seed oil have similar uses; however, the strength of honey is in its ability to cure barrenness caused by demon-possession, pregnancy-related issues, and most of all, curing stomach problems. While black seed oil treats chest problems best, honey treats stomach problems best. Imams recite verses from the Qur’an over pure honey in order to activate its healing powers.

Olive oil can be used internally and externally to treat all kinds of sicknesses, including fractures and broken bones that hospitals have difficulty treating. Afa Mustafa (personal communication, 7 April, 2012) says,

I will, with my knowledge of the Holy Qur’an treat it [bone fracture] with shea butter and olive oil. In the Holy Qur’an, God stated that olive oil is good for treatment, and the prophets too confirmed it, but down here, it is very difficult to find olive oil, and shea butter serves the same purpose so we decide to use the shea butter, with the help of the Holy Qur’an to heal.
Shea butter, native to Northern Ghana, is used with or in lieu of the more expensive and rare olive oil. This can be an example of the ‘Africanization’ of Islam in Northern Ghana. Although shea butter is not specifically mentioned in the Holy Qur’an, it is used as a complement or supplement in healing. In order for it to work, Imams use the Holy Qur’an to pray over and bless the shea butter, as they do with other medicines used in healing.

Fragrant oils or perfumes are either prepared in Ghana or more often, imported. They are used exclusively in cases of demon possession. Perfumes are used to bring out the demons, and “once the demon leaves, the sickness leaves” (Afa Mustafa, personal communication, 7 April, 2012). Some of the most common illnesses caused by demon or witch possessions are internal sores or ulcers on the stomach. Conventional medical doctors, trained in Western medicine, can detect ulcers, and provide chemicals to treat them, but when the illness is caused by demon or witch possession, it is sometimes difficult to detect the spirit until the healer uses perfume, which can detect and remove demons (Afa Mustafa personal communication, 7 April, 2012).

Incense or dhoop sticks work similarly to perfumes to treat headaches and heeding sicknesses. Ibrahim (personal communication, 7 April, 2012) states, “Demons like certain trees. This made from foreign products [such as dhoop sticks] necessary because demons come from different places. Demons have affinities with strong, sweet smells from perfumes and burning incenses.
Water is the most ordinary substance used to treat illnesses. Afa Mustafa explains, “Sometimes they recite the Holy Qur’an over the water and send people home to bathe in the water.” The recitation of verses over the water blesses it and allows it to heal the sick.

Practical Example: Demon-Possessed Patient

During my interview with the Imam and his assistant, I witnessed a demon-possessed patient enter the room. The patient ran into the room screaming and shouting. He threw himself onto the ground while thrashing around. Three men tried to hold the man still. The demon spoke through the patient, to two of the men confining him saying, “I will defeat both of you. You can’t defeat me. Allow me go. Don’t use your medicine on me.” After the Imams assistants rubbed black seed pomade on the patient, he regained temporary awareness, and said, “Allow me. I’ll go to the mosque myself.” Afa Mustafa and his assistants wanted to take the patient to the mosque to recite the appropriate verses and treatments for the patient. Once the patient left for the
mosque, Ibrahim explained that demon-possession had many causes. For instance, “Sometimes enemies will direct a demon to possess a person just to rule their lives….Sometimes a demon sees and likes a person and possesses the person, but the person is disturbed and is not free.”

Fifteen minutes after leaving for the mosque, the patient returned, calmer than before. The demon was still inside of him, but it was clear to the Imams that it would leave. As the patient lay face down on the floor, Afa Mustafa’s assistants massaged shea butter onto the back and upper arms of the patient. They tried to turn the patient over onto his back to continue massaging his body, but the patient began to kick and grab onto one of the men massaging him. The patient and one assistant struggled, flipping over one another, one trying to exercise power over the other. Two assistants held on to the patient until he calmed down, stretched his body from head-to-toe, and began breathing heavily. At this time, Afa Mustafa went to rub fragrant oil on the patient.

The patient began making gagging and choking noises until he coughed up thick mucus and fluids. Ibrahim explained, “If they take him to the hospital, they won’t see sickness in him, but we can bring everything up. There is nothing hidden from God because God created all.”
Traditional Rituals and Philosophies

Rituals

Before presenting the specific herbs used to treat, it is important to understand the following truth about traditional healing: Although herbs are commonly used to treat illnesses, the power is not in the herbs alone. The herbs and the spirits affiliated with them have their demands (Sulemana, personal communication, 9 April, 2012). For instance, Sulemana (personal communication, 9 April, 2012) relays that when his grandfather passed on the knowledge of herbs and the affiliated deities to Sulemana’s father, he explained that each combination of herbs required certain rituals. For example, first, Sulemana must call upon his father, then pour libation for the herb, then kill a fowl or any other type of animal the medicine requests, such as sheep, goats, or guinea fowls. Sulemana (personal communication, 9 April, 2012) explains the process,

I will call upon my great grandfather’s name, how my father taught me, and call my father’s name and my own name. Then I say, ‘I am using this medicine [say name of medicine] to treat this kind of sickness [say name of sickness], and I want you to take this water and the fowl I am offering you.’ Then I pray over the herbs so I can use it to treat the person. I speak the person’s name and pour libations on the herbs. I
communicate with the gods before I treat, and communicate with the jinns and dwarfs in spiritual ways. Sacrifice and pour libations to the deities. Whatever they want, do it. Keep to your promises.

He further explains that if he tells an individual to use specific herbs and rituals, it will work, but if the person only knows the herbs, without his consent, it will never work (Sulemana, personal communication, 7 April, 2012).

This supports the scholarly suggestion of the merging of medicine and magic in traditional medicine. Quarcoopome (1987) writes “When traditional medicine relates to the use of herbs, barks and roots of trees, it is not magic. The element of magic comes in with rituals or incantations or both.” He further distinguishes magic from pure medicine by acknowledging the directions for use that many traditional healers give to their patients, including specific times for using the medicine, conditions patients must adhere to, and “rituals such as gestures (which may be repetitive),” and incantations. It becomes difficult to objectively assess whether or not it is the medicine, the rituals, faith, or some combination of the three that facilitate healing in patients.

Al-hassan (personal communication, 11 April, 2012) specifies, “If you don’t know the name of the medicine, it won’t work for you. Even if you know all the herbs, it’s useless.”
Secrecy in Traditional Healing

Manyia, (personal communication 17 April, 2012) inherited her knowledge of traditional medicine and practices from her great, great grandparents. She refrained from giving specific herbal treatments she uses to heal people, indicating that they were secrets that she was forbidden to share. She said, “If I tell you, you can’t use it and do anything.” Traditional healing is very secretive.

Manyia (personal communication, 17 April, 2012) explains one of the main reasons for the secrecy of traditional medicine,

Anything at all that has been passed from one’s grandparents to the parents until it gets to the person; the person will never reveal the secret. That person will only tell you the surface but not the secrets. It’s forbidden for that person to tell the secrets to any person at all….I will only tell you how I treat and what I treat, but I won’t tell you what I do in treating the people. Even the white people use chemicals in search of herbs and through data collection, they can figure out how to use them.
In an attempt to protect their traditions, their deities, their spirits, their ancestors, society, and themselves, many traditional healers will only provide superficial information to people inquiring into their healing art. Even with an apprentice, the healer will not share all information. The traditional healer may share most of her knowledge of a particular medicine with a close family member or friend, but she will keep a small, significant aspect to herself, most often until she desires to share all, or is nearing death. She will keep some secrets with her until death.

Evans-Antom comments on the secrecy of traditional healers, “Another major drawback with traditional practice in Ghana is the extreme individualism of the practitioners. This is tied up with an element of secrecy which may also be linked with professional jealousy in their ranks. This trait affects the apprenticeship system itself. The old man will not teach all he knows for fear that the student may surpass him one day or even pass on knowledge to another professional colleague. Besides, he would want to be regarded as ‘the greatest’….Experienced practitioners therefore die with some of their knowledge.”

Cooperation amongst Healers

Evans-Antom’s analysis has its merits, but it is biased, failing to acknowledge the ways in which traditional healers cooperate with one another to facilitate healing for
their patients. Al-Hassan (personal communication, 11 April, 2012) admits, “If you come with a sickness and I don’t have the medicine, I will tell you the truth.” He further explains that he “meets with people within and outside the family” and clarifies, “Most of them do come to me and I also do go to them if I need any help. Many healers ask for my help in healing. Someone was poisoned spiritually and his stomach was big. They sent him to a traditional healer that couldn’t heal him. They called me and I helped heal the person” (Al-Hassan, personal communication, 11 April, 2012)

Manyia (personal communication, 17 April 2012) discusses her role and cooperation as a woman in a male-dominated field, “What the men can do, I can also do the same. At times some of the men struggle with treating certain illnesses. If they can’t heal that person, they will bring the patient to me.”

There is cooperation in traditional healing, but there are more secrets than there is information shared, and healers are proud of their abilities to heal the sick.

**Medicine and Maladies in Traditional Medicine**

Unlike the limited selection of oils, butters, perfumes, pomades, incense sticks, and water used to heal in Islam, there are few standard herbs or mixtures used to treat a specific health problem in traditional medicine. Since much knowledge about herbs and healing is inherited from different families, worshipping different deities and communicating with different jinns, dwarfs, and ancestors, there are often several treatments for a single illness and several accompanying rituals specific to the medicine
and spirit. Although some individual herbs were repeated in several herbal mixtures, the blends themselves varied. As a result, it is easier to arrange herbal remedies by ailment, rather than by herb.

This section is a culmination of illnesses and injuries, and the herbs, roots, bark, and animal parts prepared for treatment. Appendix 2 contains a charted collection of this information, with specific instructions for preparation and directions for use.

Barrenness

Barrenness is treated with one guinea fowl, one white fowl, one red fowl, and the mumoliga and zulima herbs (Sulemana, personal communication, 9 April, 2012).

Boils

To treat boils, combine the herbs from the dawadawa tree and shea nut tree (Al-Hassan, personal communication, 11 April, 2012).

Convulsions

Convulsions are treated by combining the kulkarili, wagmog, garili, and guleng-gung herbs with the digsaperigu bark (Al-Hassan, personal communication, 11 April, 2012).

Impotency

There are different ways to treat impotency and different causes for it. Kadulnnaa-Yeli Mb-zelim (personal communication, 8 April 2012) explains that impotency can be caused by birth or as an infant. He says, “If the impotency is caused by birth, it cannot
be healed. If a baby’s mother gives birth to a boy and during breastfeeding the breast milk falls on the penis, the baby boy becomes impotent. This is very difficult to heal, but after the herbs are collected, the mother’s breast milk must be added” (Mb-zelim, personal communication, 8 April 2012). If the mother is no longer breastfeeding, the treatment will not work. Another way for an infant boy to become impotent is if the baby’s mother takes a bath and water from her hair falls on the infant’s penis (Mb-zelim, personal communication, 8 April 2012).

To treat impotency, Mb-zelim (personal communication, 8 April 2012) combines the gahingoligu branches with yuwugu (white-water yam) and the mother’s breast milk when applicable.

Kwaku (personal communication, 8 April 2012) treats impotency with the zanguru and ngaranga roots.

Headaches

Mb-zelim (personal communication, 8 April, 2012) treats headaches with palaga, nagnyem, and nyenkpehiga herbs.

![Powdered and balled herbs for headache.](image)
HIV/AIDS

Treating HIV/AIDS requires three rolls of kebabs, one white fowl, walapogu leaves, and a ritual cutting at the four corners of the wooden roofs in traditional northern huts. The chopped wood is used in the herbal mixture (Sulemana, personal communication, 9 April, 2012).

Example of cut on wood of traditional Northern huts, used in traditional HIV treatment.

Kooko/Pals

Mb-zelim treats kooko, also known as pals, with nyapuo herbs.

Madness

To treat madness, use the gaa and zugbetia (Al-Hassan, personal communication, 11 April, 2012).

Snake Bites

To treat snake bites, mix together the leaves of the ynee, kurili, and gaa trees (Yahaya Kwaku, personal communication, 8 April, 2012).

Stomachaches
Stomachaches can be caused by eating foods disturbing to the gastro-intestinal tract or by spiritual poisoning. To treat, use *gulgung*, *gambaaga*, and *jinkporigu* herbs (Mb-zelim, personal communication 8 April, 2012).

**Stroke**

Combine the rotten part of a baobab tree, *jiliyug* herbs, any herb that grows on the roadside, three bees, one scorpion, one black mole, and one red fowl to treat (Sulemana, personal communication, 9 April, 2012).

**Traditional Herbal Preparation**

Traditional medicine may include the use of herbs, leaves, barks, roots, branches of trees, and animals. Different types of herbs require different preparation methods. Herbs may be boiled, burned to charcoal, chopped, or put into a calabash with water. The following is a step-by-step procedure of some traditional ways of preparing herbs:

1. **Leaves and Grasses**

   When preparing an herbal remedy comprised of leaves and grasses, tie the herbs with the stem of the leaf or blades of grass and place in calabash or boil in local pot.

2. **Roots, Branches, or Tree Bark**

   When preparing an herbal remedy comprised of roots, branches, or tree bark, one of three measures can be used: burning the roots, branches, or tree bark, placing them in a calabash, or boiling in a local pot.
a. Burning the herbs

i. Place a sheet of zinc metal on top of a fire.

ii. Chop the roots, branches, or tree bark into small pieces.

iii. Place on top of the zinc sheet until the pieces turn to a black, charcoal color.

3. Leaves, Grasses, Roots, Branches, or Tree Bark

Two of the most common ways to prepare herbs are by using a calabash or a local pot for boiling.

a. Calabash

i. Cut the roots, branches, or tree bark into small enough sizes to fit into a calabash. Alternately, place the tied leaves or grasses into the calabash.

ii. Pour any desired quantity of water in the calabash, with at least enough to either cover the herbs or cause the herbs to float.
My calabash practical with herbs used for local bulletproof. Calabash placed on top of container for bathing.

b. Local Pot

   i. Chop pieces of the roots, branches, or tree bark just large enough to fit into the local pot. Alternately, place the tied leaves or grasses into the local pot to boil.

   ii. Allow the water to cool before use.

   ![Local pot filled with traditional herbs for treating body pains.]

For both methods

   i. Drink or bathe with the water as instructed by traditional healer.

   For some treatments, the patient must bathe only in the water from
the calabash, while other treatments may require that the patient add more herbs to the bucket of bathwater.

Perceptions about Traditional Healers and Medicine

“There is a deity for every town, village, or clan in Ghana.”

(Dr. Owusu Brempong, personal communication, 2 April, 2012)

There are several negative and some positive perceptions and misconceptions about traditional healers and their medicine.

*Traditionalists Don’t Worship God*

One perception of traditional healers, due to the interdependence between traditional medicine and traditional religion is that they do not worship a higher, omnipotent God. Biases are communicated through language, with words such as “paganism,” “fetishism,” “idolatry,” and “polytheism,” used to describe traditional African religion (Quarcoopome 1987). Herbalists Kwame Yamoah (personal communication, 2 March, 2012) and Adwoa Afriyie (personal communication, 8 March, 2012) respectively stated “I don’t worship the demi-gods” and “I don’t worship the lesser gods” when asked about their affiliation to traditional religion. The words “demi-gods” and “lesser gods” are derogatory terms used to refer to the deities (Owusu Brempong, personal account, 2 April, 2012).

The aforementioned derogatory terms originated from Western peoples who perceived Africans and their traditional religion as inferior and primitive.
They are one-sided. Traditionalists believe in one omnipresent, omnipotent, omniscient God (Mbiti 1975; Opoku 1978; Owusu Brempong, personal account, 2 April, 2012; Quarcooepome 1987). They consider deities to be authorities from God who can be used to aid the pursuits of man in health, success, and general welfare. Sulemana (personal communication, 9 April, 2012) says, “I believe that there is a higher God so that is the reason I pray to the higher God through my gods so that everything will be easier for me. Before I could use my gods in any means I want, I call upon the bigger God for help.”

Traditional Healers Use Medicine for Evil

Another perception is that traditional healers use their medicine for evil. This belief comes from the proximity of traditional healers to magic and their abilities to harness supernatural powers. Many traditional healers use magic to protect against evil forces, while some use magic for evil. Traditionalists with the ability may use Homeopathic/Imitative Magic and/or Contagious/Sympathetic Magic, in which an object is made in an individual’s appearance, (the former), or an object or substance has come into contact with an individual, (the latter), to heal or harm the person (Opoku 1978; Quarcooepome 1987).

Manyia (personal communication, 17 April, 2012) says, “Some people consider it [traditional medicine] evil. Many use it in an evil way and many also use it to heal people. Everything has its advantages and disadvantages. People use medicine in
killing or destroying their fellow human beings and some also use it in saving or healing people.” Al-Hassan (personal communication 11 April, 2012) adds, “If I have medicine to heal, it’s not bad, but if you go for medicine to destroy people, that is bad. You don’t go for medicine to destroy people, but to heal them.” Some people reject traditional medicine and traditional religion because of perceptions of them being evil.

According to Sulemana (personal communication, 9 April, 2012),

Juju or black power is a supernatural power. It’s not usually evil. It’s in two folds. Someone may use it in a dubious manner. Someone else may be using it to help people and will be proud of using it because those people you heal will be happy. Some people use it for good and some use it for bad, like the Qur’an.

Measuring Efficacy: Islamic Healing and Traditional Medicine

In Ghana, a country that has traditionally affiliated sickness and death with spiritual causes, the concept of measuring efficacy was never necessary. In both Islamic and traditional healing, the spiritual causes and treatments by healers rely on patient feedback to determine efficacy.

Afa Mustafa (personal communication, 7 April, 2012) states that most diseases originate from spiritual causes. Efficacy is thus determined by the number of people who return to him saying they are better, or in the case of demon possession, the people he sees return to normal. Patients, such as an HIV-positive patient Afa Mustafa (personal communication, 7 April, 2012) treated returned after his next HIV test was negative.
Word-of-mouth communication of efficacy from patient to practitioner is also appropriate in traditional medicine. Mb-zelim says, “If I treat you, you will come back and tell me the end results….I only heal people for the sake of God. The person can come back and buy me Cola for being healed.” Gift-giving is an additional payment for effective treatment.

Patients who have had successful experiences with a particular healer may communicate this success to another person needing help, making the number of unfamiliar patients from different parts of the country, a sign of effective treatment and a source of pride for traditional healers. Al-hassan (personal communication, 11 April, 2012) says, “I’ve treated different people from different places; for example, Kumasi, Accra; from all over the country. I don’t roam; I stay at one place. If you need my help you come to me.”

Antom (1986) writes about traditional healer’s role in the community before European imperialist influences,

Before the white man came, i.e. before the advent of modern medicine, Ghanaian Society knew only the traditional system of practice and the traditional practitioner was undisputed master of all he surveyed. His methods and tools were accepted without question since they accorded with world view of illness and death held by the community….His successes were greatly appreciated and applauded and his failures understood and condoned as acts of God.
Quarcoopome (1987) argues that Western medicine “affected traditional beliefs and practices. Orthodox medicine stresses the germ theory (pathology) of diseases which rejects the traditional emphasis on spiritual forces due to the machinations of evil forces.” By emphasizing “curative and preventive medicine,” Western medicine, in cooperation with religions such as Christianity and Islam has undermined the role of traditional healers (Quarcoopome 1987).

**Conclusion**

The study of the herbs, practices, and philosophies in Islamic and traditional healing can be difficult to conduct physically because much of this information is spiritual in nature or affiliation. Besides this, there are many secrets that healers are not readily prepared to share, often out of a desire to protect themselves, their medicines, and/or their traditions, especially from people who may misuse it or use it to become more powerful than the healer. There are many similar fundamental philosophies regarding the causes of illness in Islamic and traditional healing, including common beliefs in the spiritual causes of illness, such as possession by jinns, or spiritual punishment by witches, ancestors, or people harnessing black magic. However, while Muslim healers base their medicine and healing methods on information found directly in the Holy Qur’an, traditional healers often learn herbal remedies from their ancestors, through deities, demons (jinns), or dwarves. There are several negative perceptions of traditional healers and traditional medicine, based on Western influence, and non-
traditional religions such as Christianity and Islam. There are few discussions on testing the efficacy of Islamic healing. The spiritual nature of both traditional and Islamic healing makes patient word-of-mouth a main source of determining efficacy.

One major limitation in this study was the limited perspective on Islamic healing. For future comparative studies, scholars should consider getting a variety of Islamic healers, made up of Imams and other Qur’an-based healers with different approaches to and methods of treating patients.

Further studies are needed to study the efficacy of these treatments, scientifically, when possible, and by first-hand account from patients. It may also be useful to research the gender dynamics of healing in Ghana, since it seems largely male-dominated.

Secrecy in traditional medicine is a big hindrance to studies. It is not practical to approach healers over a short period of time and expect to develop a full understanding of healers’ practices, philosophies, and medicines for healing. It takes a long time to develop their knowledge, and it will take much time and relationship building for them to share these secrets. Even when these secrets are shared there is an expectation or requirement of confidentiality that must be upheld.

Future studies may focus on the psychological impacts of Islamic, traditional, and other faith-based healing, in combination with herbs and medicines, and the effects of the psychological in physical wellness.
### Appendices

#### Appendix 1: Islamic Medicine and Uses

<table>
<thead>
<tr>
<th>Medicine Ingredients</th>
<th>Uses</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Black seed oil</strong></td>
<td>Treats all kinds of sickness, except death, including barrenness (caused by demon possession), pregnancy disturbances to the mother, all chest-related health problems, and HIV/AIDS. Can be drunk or applied to skin.</td>
<td>Afa Mustafa, Sayutego Ibrahim</td>
</tr>
<tr>
<td><strong>Black seed pomade</strong></td>
<td>Same as black seed oil, but for external use only.</td>
<td>Afa Mustafa, Sayutego Ibrahim</td>
</tr>
<tr>
<td><strong>Honey</strong></td>
<td>Used primarily for stomach pains, chest pains, and heeding sickness where the patient and doctors do not know the cause of illness. May also be used to treat stomach pains caused by spiritual poisoning.</td>
<td>Afa Mustafa, Sayutego Ibrahim</td>
</tr>
<tr>
<td><strong>Olive Oil</strong></td>
<td>Used internally and externally to treat all kinds of sicknesses, including fractures and broken bones that hospitals have difficulty treating.</td>
<td>Afa Mustafa, Sayutego Ibrahim</td>
</tr>
<tr>
<td><strong>Shea Butter</strong></td>
<td>Can be used in lieu of olive oil.</td>
<td>Afa Mustafa, Sayutego Ibrahim</td>
</tr>
<tr>
<td><strong>Fragrant/Perfume Oils</strong></td>
<td>Used in cases of demon possession to remove demons.</td>
<td>Afa Mustafa, Sayutego Ibrahim</td>
</tr>
<tr>
<td><strong>Incense/Dhoop Sticks</strong></td>
<td>Similar to perfumes. Treats headaches and heeding sicknesses.</td>
<td>Afa Mustafa, Sayutego Ibrahim</td>
</tr>
</tbody>
</table>
Water

Bathing in blessed water can heal many sicknesses.

Afa Mustafa, Sayutego Ibrahim

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Appendix 2: Traditional Illness, Treatment and Preparation

<table>
<thead>
<tr>
<th>Illness</th>
<th>Medicine Ingredients</th>
<th>Preparation and Use</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barrenness</td>
<td>1 guinea fowl&lt;br&gt;1 white fowl&lt;br&gt;1 red fowl&lt;br&gt;Mumoliga leaves&lt;br&gt;Zulima leaves</td>
<td>Kill all fowls and divide each in half. Use half of each fowl to prepare soup on one day, and the other half to prepare soup the next day.</td>
<td>Sulemana</td>
</tr>
<tr>
<td>Boils</td>
<td>Dawadawa tree herbs&lt;br&gt;Shea nut tree herbs</td>
<td>Put herbs in calabash and cover with water. Drink and bathe in water.</td>
<td>Al-Hassan</td>
</tr>
<tr>
<td>Convulsions</td>
<td>Kulkarili&lt;br&gt;Wagmog&lt;br&gt;Garili&lt;br&gt;Guling-gung herbs&lt;br&gt;Digsaperigu bark</td>
<td>Boil herbs. Bathe in water for 7 days. Re-boil herbs for 7 days.</td>
<td>Al-Hassan</td>
</tr>
<tr>
<td>Impotency</td>
<td>Alternative 1:&lt;br&gt;Gahingoligu branches&lt;br&gt;Yuwugu (white-water yam) Mother’s breast milk</td>
<td>Alternative 1:&lt;br&gt;Divide into two parts: Put one part in water to boil. Form into a ball or burn. Eat. The second part should be dried, pounded, and sieved. Inhale.</td>
<td>Alternative 1: Mb-zelim&lt;br&gt;Alternative 2: Kwaku</td>
</tr>
<tr>
<td></td>
<td>Alternative 2:&lt;br&gt;Zanguru roots&lt;br&gt;Ngaranga roots</td>
<td>Alternative 2:&lt;br&gt;Pound herbs together. Prepare in shape of balls</td>
<td></td>
</tr>
<tr>
<td>Condition</td>
<td>Ingredients</td>
<td>Preparation</td>
<td>Doctor</td>
</tr>
<tr>
<td>--------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Headaches</td>
<td><em>Palaga</em> herbs, <em>Nagnyem</em> herbs, <em>Nyenkpehiga</em> herbs</td>
<td>Divide into two parts: Put one part in water to boil. Form into a ball or burn. Eat. The second part should be dried, pounded, and sieved. Inhale.</td>
<td>Mb-zelim</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>3 rolls of kebabs, 1 white fowl, <em>Walapogu</em> leaves, Chopped wood from local roofs</td>
<td>Kill foul and add with herbs. Pound all to powder. Eat for 7 days.</td>
<td>Sulemana</td>
</tr>
<tr>
<td>Kookoo/Piles</td>
<td><em>Nyapuo</em> herbs</td>
<td>Boil herbs in water. Pour into bucket and sit on it. Allow mixture to get into anus.</td>
<td>Mb-zelim</td>
</tr>
<tr>
<td>Madness</td>
<td><em>Gaa</em> leaves, <em>Zugbetia</em> leaves</td>
<td>Divide herbs into two parts: Boil first part in water. Use for 7 days. Burn second part to charcoal and blend. Add to porridge or soup.</td>
<td>Al-Hassan</td>
</tr>
<tr>
<td>Snake bites</td>
<td><em>Ynee</em> leaves, <em>Kurili</em> leaves, <em>Gaa</em> leaves</td>
<td>Boil leaves together; let cool; bathe in water.</td>
<td>Kwaku</td>
</tr>
<tr>
<td>Stomachaches</td>
<td><em>Gulgung</em>, <em>Gambaaga</em>, <em>Jinkpɔrigu</em> herbs</td>
<td>Remove dirt chop into pieces. Pound it and roll into ball. Chew it or blend it and put it into soup.</td>
<td>Mb-zelim</td>
</tr>
<tr>
<td>Stroke</td>
<td>Rotten part of a baobab tree, <em>Jiliyug</em> herbs, Any roadside herb, 3 bees, 1 scorpion</td>
<td>Divide medicine into two parts: Add all and pound into ball. Eat part. Rub part on</td>
<td>Sulemana</td>
</tr>
<tr>
<td>1 black mole</td>
<td>body.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 red fowl</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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