Choose Ye This Day!!! A study surrounding the dialogue that concerns the use of traditional herbal medicine versus modern scientific medicine in Ghana.

Tina M. Andrews

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Choose Ye This Day!!!

A study surrounding the dialogue that concerns the use of traditional herbal medicine versus modern scientific medicine in Ghana.

Tina Marie Andrews
African Diaspora Studies
December 2, 2003
Professor Eric Quaye (advisor)
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Meda wo ase papapa!
(Thank you very much)

ACKNOWLEDGEMENTS

Professor Quaye: ever so affectionately known as Uncle Eric, my father and beloved advisor. I came here with a million ideas floating around in my head and you were able to set me straight.

Uncle Ebo Sam: For opening you home and entire community for me to study and question. I truly appreciate all of your many connections and calming reassurance.

Nana Opoku-Agyemang: For your feminine strength, breath taking intelligence, yet sincere humility. I will forever make an effort to reach such a level of prestige and spiritual freedom.

Traditional Healers: For your dedication and true commitment to the well being of the people. Please continue to carry on the true healing of the ancestors.

Dr. Morna and Dr. Adu: For the many sacrifices made, countless hours of medical attention given and the heart to stay at “home” where the people need you the most.

Amo-Broni Family: For taking me in as a true daughter and a “real African” that is simply lost in the Diaspora. I loved coming home.

Andrews Family: For being in my corner since July 19, 1983. Your love, prayers and support extended across the Atlantic to give me the inspiration I needed to go on. I am because we are!

God: There is not enough time in all of eternity not paper in existence to even begin to encompass my gratitude. All the glory be unto you until I get there. Amen
Never Alone

(Dedication)

I appropriately take this time, whilst standing on the soil of the motherlands: Africa: to dedicate this work to my foremothers Rosie Hurst (R.I.P 3/11/02) and Jessie Mae Turner (R.I.P 1/5/99). Without these two beautiful black women, neither my family nor I would be here today. Nurturers of my soul, I will remember you always.

I Love You Granny’s
Malaria is one of the leading illnesses and causes of death in Ghana and many West African countries. This virus, though curable, has proven itself to be detrimental to many. Everyday precautions and curative measures, such as insect repellants, mosquito coils, mosquito netting, daily or weekly anti-malarial drugs and the like are used to increase comfort and most importantly sustain life.

This particular study was not only comprised to demonstrate the various treatments and cures available, but dares to look at the options of people that may or may not have the resources to obtain the aforementioned preventive measures. I will attempt to “role play” and put myself in a land that is far away from modern medical facilities, imagine being treated by persons that uses a different language from my own, and live in a socio-economic bracket that dictates what I am able to provide for myself. With these factors (and many others) in mind, my ultimate goal is to understand how various people feel and think about the use of traditional and modern medicine in curing malaria and other ailments.

Perspective is the driving resource of this study. So, please follow along with me as I continually change the “lens” in which we view herbal medicines from the facilities that support herbal remedies.

**Hippocratic Oath**

The regimen I adopt shall be for the benefit of my patients according to my ability and judgment and not for their hurt of for any wrong. I will give no deadly drug to any, though it be asked of me, nor will I counsel such, and especially I will not aid a woman in procure abortion. Whatsoever house I enter there will I go for the benefit of the sick, refraining from all wrongdoing or corruption and especially from any act of the seduction of male or female, bond or free. Whatsoever things I see or hear concerning the life of men in my attendance on the sick or even apart thereon, counting such things to be as sacred secrets.
INTRODUCTION

MATTERS OF THE HEART

On July 3, 2001, I, Tina Marie Andrews, by the grace of God and extremely hard work, became a Licensed Practical Nurse, in Chicago, Illinois. From that brief fact, my intent is hardly to boast, but to emphasize my deep and compelling passion for the sick and medical world.

Before setting one foot off of the airplane in Accra, Ghana, I knew that I wanted to get my hands on what I believed to be the mystery of herbal medicine. Much to my naivety but not to my surprise, there are an entourage of books, pamphlets, websites and anthropologic research dedicated to the study of plant medicine.

As I began to ask questions concerning the availability of herbalists and herbal medicine, almost everyone I met could successfully and quite easily refer me to a pharmacy or chemical seller that carried exactly what I was looking for.

Being previously educated with so many words that surrounds Africa and other “developing” countries, such as westernization, modernization, socialization, McDonaldlization, Americanization and a million of “izations”, taught in many sociology classes, I believed that finding a “real” traditional healer would be a mystical journey only to find that the practice was virtually extinct. Oh, how wrong was I! Each individual in which I sought assistance in finding a traditional herbal healer, either knew one personally or could tell me where to find one. When these same people found that I was studying malaria, I even learned that everyone is somewhat of an herbalist, offering their own advice and remedies for the matter. Herbalists, I have found are in abundance and are still very vital to the health of the Ghanaian society.

Though a blow to what I expected to study, I am happy to know that the art of traditional healing is not lost. Nevertheless, what about the things I learned in nursing school concerning hygienic preparation, sterilization, toxicity and therapeutic medication dosages? Are the American medical professionals too sensitive about those matters or do these aspects pose a serious concern in regards to the prognosis of the future health of the patient?

Since there are so many scientifically proven cures to the malaria virus, why does the sale of herbal medications continue to prosper? What would cause the average everyday consumer to choose plant medicine over modern medicine or vice versa? Due to the fact that there is substantial proof that the chemical preparation of the malaria virus, when taken promptly, will save the life, why would people take the chance of trying other avenues of healing?

Let’s attempt to find out
METHODOLOGY

Method Behind the Madness:

In attempting to look at and listen to the communication dialogue surrounding the treatment of malaria, I carried out a series of interviews and observations to test my hypothesis. My hypothesis is as follow…

In terms of the usage of herbal medication, the people living in urban, developed areas of the country (i.e. Accra, Cape Coast) will rely more on modern medicine and its facilities due to accessibility and availability. Those living in rural areas (i.e. Kissi, Komenda) will however, more readily seek the assistance of traditional healers and the use of herbal medications.

It is my goal to represent a wide variety of opinions, experiences, and rationales from diverse age groups, geographical locations, and socio-economic statuses. My interviewees reflect, due to time limitations, a small excerpt of people that were randomly chosen according to their willingness to speak with me. This selection of participants, was grouped into the following categories…

A) Herbalists/traditional healers
B) Modern Medical Professionals
C) Industrial Chemical Seller

Each category of people was given specifically specialized questions pertaining to their expertise and “relationship” to the medical world.

The Questions are as follows…

**Herbalists**

1. What is the process or criteria for becoming an herbalist?
2. How does and herbalist acquire “qualified” status?
3. How do you diagnose malaria? What are the symptoms?
4. What is the treatment for malaria? How did you discover this?
5. Prognosis—does this treatment work? How long does it take to be effective?
6. Cost of visit? Cost of treatment?
7. Method of payment?
8. If your treatment does not work, will you refer the person to the hospital?
9. Do you personally use modern medicine?

**Modern Health Care Professionals**

1. Please state your educational background. Professional background
2. What is the process of diagnosing malaria?
3. What is the treatment for malaria?
4. If this treatment is implemented what is the prognosis?
5. What factors do you think influence a person to buy a particular malaria drug?
6. Is there any alternative treatment?
7. Will you refer anyone to herbal remedies based on financial capabilities or other factors?
8. Other problems faced with the treatment of malaria
9. Personal feelings toward the integration of modern and traditional medicine.

**Everyday Users**
(Questions altered according to response)

1. Personal information: Name, age, occupation, educational background
2. How do you treat malaria? How did you find out about that treatment?
3. Do you ever use herbal medications when modern medicine does not work (or vice versa)?
4. Why do you choose modern medicine? (or vice versa)
5. What would cause you not to go the hospital? (or not to go to a herbalist)
6. Drug of choice

**Industrial Chemical Sellers**
1. What drugs do you carry, both herbal and chemical to treat malaria?
2. Coats
3. What are your bestsellers?
4. What factors influence the position of sales?

Another portion of my study included close observations of the packaging and other details of herbal versus chemical drugs. Looking closely at ingredients, instructions, side effects, contraindications, and dosages listed on the products helped me to better understand what may or may not attract an individual to use certain malaria preparations. Many of my interviewees would go into their homes to show me their drug of choice. Things such as cost, word of mouth, television and radio advertisements and other forms of publicity, gave me yet another avenue for correlating usage with exposure of the drug to the public. The cooperation of various local pharmacies and The Center for Scientific Research into Plant Medicine, gave me the opportunity to observe large numbers of herbal and chemical preparations in order to make comparisons on the aesthetics of the products and the claims the productionists have made in regards to the medications efficacy.

As with any research, there were limitations that placed boundaries on various aspects of my data collecting process.
- **Time**: being limited to merely four weeks to collect data and compile a study, placed a limitation on the number of diversified participants I was able to acquire.

- **Language barriers**: Though most of the participants spoke fluent English, our dialects did not coincide. Many questions had to be reworded or approached differently in order to insure a clear understanding.

- **Communication access**: Meeting times are not always reliable in a place where email and telephones are not always available. Sometimes interviews were between 1-3 hours past schedule. Other instances the interviewee had traveled for a few days without prior notification. Other arrangements had to be made.
Where it all Began:

(The history of herbal medicines and the introduction of modern medication in Ghana)

When our world was formed every molecule of its existence became an avenue that in some way works to sustain human life. We are all, from the microscopic atom to the largest land or sea animal, a part of the life cycle that was designed to efficiently care for us all. In order to carry out nature’s divine plan, we must first acknowledge that significant place on our planet and carry it out accordingly. Nature, most often described as our mother, somehow “knew” that our physical beings would someday succumb to pain, sickness and disease. She therefore brought forth projected remedies that could once again sustain us. This care, just like a mother’s love, came with out cost, explanation, or education. Generation after generation, even until this present day, can testify about the efficacy of “mother nature’s” medicine.

Ghana continues to rely upon traditional medicine today, though each of its ten regions have modern medical clinics and hospitals. Traditional healers, since the beginning of time, have been hailed at high levels of prestige and respect in what are now considered rural areas, because they hold the key to life, health, spiritual freedom and overall happiness.

There are four types of traditional healers. They are classified as but not limited to 1) traditional birth attendants, 2) faith healers, 3) spiritualists (also known as diviners or fetish priests, and 4) traditional herbalists (Twumasi, 8), In my field experience, I have found that one person may possess more than one of the aforementioned titles.

Traditional Birth Attendant: what is now termed as “midwives” are usually elderly or middle age women that focus on attending to the pregnancy, delivery, sex education and contraceptive counseling for the women. The expecting mother will, most commonly, live in the same community as this birth attendant, which adds a level of intimacy to the experience,

Faith Healers: These individuals, often times men, use the Bible, and what is believed to be the “power of God” in order to cure the person. Faith healers use articles such as Holy water, blessed oils, prayer sessions, fasting, rosaries, and the like as symbols of belief to help in the curative process. They deal mainly with social, psychological and physical problems.

Spiritualists/ Diviners: use methods of possession, divination and other ritual means to diagnose illness and to heal people. These healers most commonly known as fetish priests/ priestesses use dreams, visions, signs and the ancestral connection to reach a diagnosis and cure.
Herbalist: the most numerous of the traditional healers. Their approach to healing is quite similar to that of modern medicine. The application of herbs is prescribed according to the signs and symptoms of the patient. Traditional herbalists are void of scientific or technological intervention so therefore unintentional error may occur. The “cures” and plant medicine have, over the years, proven to have favorable results in various illnesses and continues to serve as a means of curative measure for many.

The history of modern medicine in Ghana dates back to the colonization of the country by Great Britain. In those times, British medical officers were sent to the Gold Coast to take care of the colonial administrators. The medical officers were given the responsibility to care for the health needs of senior administrative officers working with the civil service of the colonial government (Twumasi, 15).

In time, the various church missionaries in the country also brought in medical officers to take care of their personnel. They established clinics and private health care facilities. Mr. Hesse Amo states: “Modern medical services were established in Ghana for a specific purpose: to make the environment hospitable for colonial settlement and to treat their specific illnesses.” During that same time, the missionaries found it necessary to extend modern medical services to rural parts of the country to treat illnesses and serve as an incentive to convert “pagans” to Christianity.

Science education was introduced in new Christian schools and modern curriculum, based on the English system, was taught. The education was anti-traditional and those who qualified according to the rules of the system, gradually moved away from rural traditional areas into what is now considered the “main cities.”

Though modern medicine has saved the lives of millions of Ghanaians, its introduction did not have a smooth beginning. Just as with many new ideas from a foreign culture, the local indigenous population expressed fear and skepticism with this new approach to health. The established facilities as mentioned before, were all founded and ran by the British and other missionaries. Not many Ghanaians had the time, money or opportunity to be trained as medical professionals. These people would have needed basic formal education in order to communicate with the colonial administrators and other medical personnel. The main conflict came with the modern medical worlds’ dismissal of the spiritual and mystical parts of healing that the indigenous people were accustomed to. With no recognition given to the gods, few remedies taken from the earth, and their inability to speak the native language, I truly can’t fault the indigenous people for giving modern medicine the “raised eyebrow”.

It is now becoming increasingly clear that traditional medicine should no longer be considered a system to the past. We must now begin taking a “maturing system of our hope for the future” (Smith, 11). However, or may I even say, unfortunately, this concept is received with mixed feelings among most people in modern society. There are those who, by their upbringing and past
experiences, have very strong and even profound belief in traditional medicine and others whose educational background influences them to disbelieve this system of practice. “The problems with these skeptics, is lack of knowledge and understanding of herbal materials or the practice of the system or both” (Smith, 11).

On the African continent, traditional medical practice dates as far back as 4000 years. It was the sole medical system before colonization. Even in this present technological era, traditional medicine continues to be the only curative measure for some and the first option for others. According to the World Health Organization (WHO) 2000 survey, approximately 70% of all Ghanaians still use herbal medicine to some degree.

The indigenous people in a time when the environment was very hostile to human life discovered the efficacies or therapeutic values of all these medical plants through trial and error. I am sure that they were unaware that they were carrying out traditional clinical trials, chemistry experiments, and a hybrid of botanical research, which is presently performed by highly educated professionals. The real pity comes in realizing the enormous amounts of information that has been lost due to lack of documentation. However, what was passed down by word of mouth throughout generations has still been enough to form large volumes of effective therapeutic information for the health care of the people.

Before continuing on, I would like to clarify a misconception that continues to “float” about. The idea that modern medicine and traditional herbal medicine are two rival approaches to a cure is a complete myth.

It may interest most of you to know that modern drugs have origin from plant and animal sources and that even orthodox medicine started as herbal medicine. In view of this, traditional medicine is actually a traditional stage of the development of will organized medical system or as we call is modern medicine (Smith, 3).
As stated previously, herbal medicine is hardly a secret. It's actually a wide spread commodity that has somewhat turned into a fad. Television commercials, posters, billboards, and most importantly word of mouth, all offer some of marketed (both herbal and chemical) treatment for the “might mosquito’s” venom: malaria. A disease that strikes hundreds everyday, kills many each year and costs the Ghanaian government large sums of currency in health care. Everyone is looking for the answer to prevention and alleviation from the “muscle pain, fever, chills, sweating, headaches, vomiting, diarrhea, tiredness and weakness” (Sages pharmacy) that accompanies the bite of the disease-carrying mosquito.

The issue that stands is looking for who has the real answer. The idea of health care, especially in a place where financial resources are scarce, is to provide a cure with the least amount of time and money spent. “In other words, the maximum return in human welfare must be obtained from the limited money and skill available. Medical care, especially in a developing country must be approached with an objective attitude of mind which is free as far as possible from preconceived notions imported from other industrial countries such as the U.S and the U.K.” (King, 4:4 ). It is 100% true and safe to say that the medical world has made large discoveries of improvement that continue to increase annually. We, being educated people, free from poverty, must take time to understand another person’s rationale for the search of alternative treatment. Illness, disparity, poverty will cause anyone, including you and I, to search in the deepest corners of the world for feasible health care.

Let’s now, look into my experience with people that have all had some sort of experience with the malaria virus, and have used a variety of treatments for their illness. I have purposely written this section void of my own opinion, in order to give you, the reader, the opportunity to find pros and cons in the people’s health care decisions. Try to also hear the true meaning and real concern around their final decisions. We will find time to critique in a later section.

**Herbalists**

My first attempt at trying to understand a few of the many malaria treatments began in a small village called Kissi, in southern Ghana. The herbalist, Mr. Kobina Samson Entsuah, 84 years old, welcomed my translator and I into his home just before 10 a.m. Walking over the gravel and red dirt, with the sun beaming ever so strongly, Mr. Entsuah, just as unable to speak English as I am to speak Fate, nods his head, gesturing me into a small cement blocked room. These simplistic quarters included one window, a clothesline, and a mat for sleeping, what seemed to be a million flies, and the other portion of the room was dedicated to his practice. In the right corner, a metal pot boils, on a
coal fuel burner containing his remedy for malaria. There were also plastic bags, used containers, old jugs and jars containing treatments for everything from impotence to heart problems.

This man was trained as a small boy by his “father” (in Western terminology, the man was actually his uncle. His biological father was a fisherman) Very early in his life, he would always help his mother care for the sick children in the home. One day when he and his brother was out cutting timber, his brother swung the ax too far back and dislocated his shoulder. Kobina was able to successfully reset the arm and from there he returned home to began training. He has never, however, had any formal education and would be considered and “illiterate.” All of his training came by observation and word of mouth. According to this particular man, there is no standardized process to becoming a herbalist. Observation, listening and time dedication are the only sources of text.

In this small village, in which almost all of his patients are either relatives, neighbors, or close friends, he hardly deals with the stresses of supply and demand, insurance companies, liability issues and the like that plagues the industry of modern medicine. He states that he gets all of his resources from the forest and the other supplies needed he grows himself. Other necessary supplies are as simple as the peeling and outside coverings of certain fruits and vegetables.

Though his specialty is bone setting, he has nonetheless treated countless cases of malaria. I was eager to know and fully understand his expertise on the subject so I quickly as “What are the signs and symptoms of malaria”? Without hesitation, he states “yellow eyeballs.” I continued to probe further for other symptoms he may have noticed during his years of practice, but he responded “yellow eyeball: that’s it.” I continued to probe further for other symptoms he may have noticed during his years of practice, but he responded “yellow eyeballs: that’s it.” I appreciated his honesty but what worried me the most was the fact that my translator, the herbalist, and a host of other people I see on a daily basis, including my father back in the U.S, all have yellow eyeballs! What could this mean? Holding on to the interviewing skills that I have acquired thus far, I knew it would be wrong to feed answers into him, so I moved on to the heart of the matter: the herbal treatment for the disease. Opening his brewing pot he stirred and mixed this “potion” of greenery giving the following ingredients: *Nim tree leaves * k) m) onum (on English translation) *ahwer na haban (sugar cane and its leaves.

Note: the ingredients with no English translation were however shown to me.

Simple, natural, and apparently affective, according to a woman named Ama, that says she used this exact malaria treatment and was cured. He doesn’t need to have written a medical journal or acquired a nationally acclaimed award to increase clientele, for word of mouth establishes his credibility.
The price of his treatment is negotiable according to treatment type, personal relationship, financial status, length of time needed for care, and amount of medication needed. If the person’s care was extensive, they are not required to pay the charge all at one time. He trusts that when a person is cured, they will continue to come back to pay him until the debt has subsided.

Mr. Entsuah would have had to be extremely good at his practice or a miracle worker because after my questioning he tells me that he has NEVER advised anyone to go to the hospital for further medical assistance because the person is always cured after seeing him.

_Fetish Priest/ Herbalist_

My mission to look into malaria treatment lead me into further studies in a village called Komenda, to a fetish priest or diviner named Kwa mena Boa, approximately 96 years old practicing herbal healing for about 40 years. He led me into his living quarters coupled with his “office” which resembled that of the previous herbalist. There was a clothesline that separated the room into two halves. One portion was for living and sleeping and the opposite side had small plastic bags hanging along the wall that contained his herbs (which he grows himself). There was also a picture of Jesus the Christ, a rosary and a poster that says “God Reigns” along that same wall.

Mr. Boa learned his skill from a man that once cured him of nightmares and waist pain on a separate occasion. He studied with him until the man died and then he “knew” that spiritual healing was his gift from God.

Before any treatment is done, prayer is sent to the Almighty God, and then libations are poured for the ancestors and lesser gods. (Libations: a form of traditional prayer in which food and/or alcohol is offered to the ancestral gods) These rituals are done to ask the gods for understanding of the ailment. Even if he has seen this particular illness many times before, he will still pray first, because the issue could be more than he notices. If the disease is rare or difficult, he will tell the ill person to “go and come,” (meaning go back home and return in 1-2 days) so that he can wait for a dream of vision telling him which herbs to use. However, if the person has waited too long to seek help, and is near death, he does not intervene. He believes that everyone has a time to die and if God and the ancestors are calling for the person, it is not his place to interfere with their plans.

Surprised by his response and very different approach to healing, I was a bit frightened (due to my own spiritual convictions concerning the supernatural). Still I am compelled to ask about his knowledge on the malaria disease. In response to my questions about what he knows to be the signs and symptoms he states: fever, headache, vomiting, feeling tired, and no appetite. Most of all it depends on how it was acquired. A bit confused (because I thought there was only one way to
“catch” malaria) but curious, I encouraged him to further explain other ways to become infected. With all earnest he proceeds “you can be cursed with a malaria.” In order to cure “regular” malaria, take the Nyomkem Netsi leaves from the forest, boil them, and drink it. It will remove the poison from your blood in the form of urine. If you are cursed and you don’t know who put the curse on you, I will ask God for a dream about it and I will be told. I will give you this mixture (showing me a sachet of ground ingredients). The cursed person should place this on the doorstep of the person that seeks to harm them. In the morning if that person comes out of their home and steps on the packet, the curse will be broken immediately.”

The people that he treats, mostly women and children are not charged for the treatment and medication remedy unless they are actually cured. Any substantial offering is acceptable means of payment (i.e. food, liquor, supplies, labor etc.).

Mr. Kwamens is on enemy to the hospital or the modern medical arena. He states that if a person is really ill beyond his scope of treatment, he will refer them to the hospital. He is sometimes informed by the gods of an internal illness that the person may be unaware of and he instructs them to see and doctor right away. Many of his patients either see him first before going to the hospital, see him after the hospital has failed them, or may even seek modern medical attention and his care simultaneously. There are even times when certain doctors will send patients to him looking for a particular herb.

My faith in Mr. Boa’s medical techniques and rationales, I must admit is a bit skewed. However my mission at this point is not to sway you, the reader, into belief of disbelief but to merely share my experience.

**Modern Medical Professionals**

This morning of interviewing started with a feeling that I missed so dearly: familiararity. I had become so accustomed to traveling to places for interviewing without a clue as to what I should expect, but today was different. Arriving at Central Region Hospital to meet with Dr. Morna, a medical profession since 1996, a feeling of joy came over me at the sight of medical equipment, examination gloves, and even sinks for hand washing. Dr. Morna, dressed in a white lad jacket and ironed slacks, welcomed me (in perfect English) into his private air conditioned office. Walls lined with certificates, nutrition charts, and a bookshelf with enough medical references to cure any disease, I felt right at home.

Dr. Morna, fully aware and accustomed to his profession, simply asked me what my topic was and proceeded to independently complete the interview. The following are his own words:
Eighty percent of patients that come to the hospital to be treated for malaria are treated before the lab results are completed. They are treated based on the signs, symptoms and syndrome of malaria. Due to lack of technology, such as that which is available in the U.S, the lab results take a very long time to return to us. Malaria is a very serious disease and if we wait the person could be getting worse. There are so many different types of malaria; therefore we can not rely on this method 100%. Different forms will cause a variety of symptoms and complications. After the results show what type of protozoa is in the system, medications are prescribed accordingly. Our problem is not so much the malaria, but the fact that 60-70% of our patients are treated elsewhere before coming to the hospital (i.e. home remedies, over the counter drugs, herbalists etc.). Thus, many patients are at very harmful stages in the disease process by the time we see them.

I would like to dispel the myth that doctors such as myself are against herbal medicine. I will say it a hundred times “this is not true!” I am all for natural intervention provided that they have been tested for levels of toxicity, therapeutic dosages, contraindications, and side effects. We (referring to African doctors) that practice modern medicine accept herbs not QUACK!! There are hundreds of herbal medications on the market that claim to cure rabies bites, diabetic wounds, AIDS, impotence barrenness in women and heart disease all from one bottle. How is this so? It is true that one plant may have many therapeutic components but how much can I take before I am poisoned? As a result of this, the medical world is seeing more negative results from the use of herbs. Problems such as liver failure, cancer, sclerosis and hepatitis are rising issue now.

People of my village in the Northern Region of have accused me of being “un-African” due to my skepticism of herbal treatment, but have a look. [At this point Dr. Morna opens a cabinet filled with herbal remedies that he has tested himself and sometimes prescribed to his patients. These are normally used to lower blood pressure, treat constipation, diarrhea, headaches and other ailments.] “This shows that herbalists and doctors are nearly the same especially in the intent to cure the patient. It’s not the herbalist’s fault that they are void of very key instruments needed for safe and effective practices.

Modern Medical Professional #2

Medical doctors are certainly not the same in their viewpoints on and herbal medicines. Dr. Adu, a practicing obstetrician/ gynecologist for 25 years and a general practitioner for 10 years, has contrary opinions in comparison to that of Dr. Morna. A seasoned doctor, well accustomed to the topic of malaria, sits in his private office at the Central Region Hospital to share his thoughts. His opening statement is as follows. “I am tired of all of this magic, religious, untested junk. The hospital would not be half as crowded if those patients would have just come to us first!” Dr. Adu, a
firm believer in modern medicine, discourages the use of other remedies. He is, himself on anti-malarial drugs and only uses orthodox medicine in the care of his family and patients. He admits to have been treated with herbal medicines as a child and having positive results, but would prefer to use clinically tested medications that offer clear and consistent results. He feels as if “western medicine is reliable, with clear answers in regards to the signs effects and what process the drug takes while in the body in order to bring about the desired results. Taking herbal medicines is dangerous and most of the time the person has no idea of what he/she is putting into their bodies. What are their sources for accurate measurement? No standardization in potency, measurement, and even the various names for one disease is sure to cause disaster. Until I see some concrete research being done, I will stay away from other forms of treatment.”

Viewpoints and alternate perspectives is the substance of true research. As we continue to look into both herbal and modern medication, we can clearly began to understand the frustrations of people such as Dr. Adu.

Side Note: The cost of consultation ranges from 10,000 cedis and higher depending on the extent of treatment. All fees must be paid before care is rendered. Lab fees range from 15,000 cedis and higher. Medication is not given at the hospital only the prescription. The patient is responsible for going to a pharmacy that carries the drug.

**Industrialization in the production of Herbal Medicine**

In the mountainous plains of the Eastern Region (also known as the Asante region) I met with Br. Heron Blогоqee, in a facility known as the Center for Scientific Research into Plant Medicine (CSRPM). Founded in 1975 by a Dr. Oku Ampofu, in Akuapem Mompong, this facility was established to capitalize on the domestic richness of the land. Sr. Oku consulted with the herbalist from all of the surrounding villages in order to compile a pamphlet of important herbal remedies and add some form of standardization to its preparation. This facility has over the years, evolved into a place, staffed with 2 in house doctors that interchangeably prescribe herbal and or modern medicine, giving advice on the pros and cons of using either.

Mr. Blогоqee, staffed in the herbarium, showed me a cabinet filled with herbal preparations that claim to cure malaria (and other ailments just the same). “They are all still waiting to be tested.” CSRPM has, however found one herbal preparation that has proven to be effective. It’s called “Nibima.” Recent studies show that it takes about two weeks to see full results, but it is affective. This same drug is said to be able to cure hypertension, urinary tract infection, diabetes, and even cancer! The dosage amount depends on the disease and is prescribed accordingly.

The drug Nibima cost 4, 500 cedis and the consultation fees range from 2,000 to 5,000 cedis. The medication is at the facility.
**Bea Sam Chemical Seller: Komenda:**
Chemical Drug 3 tablets 8,000 cedis. Herbal Drug: Full bottle: 12,000 cedis. The store carries five different malaria treatments. Owner states “local residence purchase herbal medications more than outsiders. If the drug is advertised on the radio it sells more.

**Sage’s Pharmacy: Cape Coast**
No herbal malaria treatments sold at this store. 5 chemical drugs sold for the treatment of malaria. 8 tablet 18,000 cedis. Most popular is Artenex 7,000 cedis.

**Sara’s Herbal Shop (Adisadel Village)**
This shop carries 6 varying types of malaria drugs. Most popular is herbal preparations (especially Masada) 1 bottle 7,000 cedis. Comoquin, the only chemical drug sold 12, tablets for 18,000 cedis. The owner states that most people will buy the cheapest preparation.

**Prosper in God Herbal Shop (Accra)**
This shop prides itself on carry 12 of the best malaria treating drugs. 8 of the preparations are herbal remedies (which are the best sellers) and the other four are chemical. The prices range from 8,000-20,000 cedis.

**Everyday Users: Testimonials**

**Seth Essel:** Age 25 years old and graduated from University of Cape Coast with a degree in engineering. Currently teaching living in Cape coast. Seth says that he will try herbs over any western drug. HE states: “I see so many people putting their faith in the “whiteman” but for all we know, they could be as an experiment, like lab rats.” He has had malaria several times in his life and will only us Chlorophen in extreme cases. He does not take any anti-malaria drugs but he sleeps in a mosquito net, and uses mosquito sprays to protect the home. His faith is in traditional herbalist; people he and his families have been consulting for years. Drug of choice: Masada Malaria syrup.

**Kenneth Eshun** 21 years old graduated from Komenda University, currently teaching junior secondary girls and boys social studies. He like modern medicine but always goes to the herbalist in his village for malaria treatment. He has had malaria several times, but has only been treated at the hospital once for it. He states: I think its funny that you people spend all of that money on taking anti-malaria drugs everyday and when you come you still get malaria. It’s crazy. I’d rather take care
of the problem when it gets here. I cannot spend all of that money if there are no guarantees. Drug of choice: Nim tree leaves

**Angela Adu**: 20 years old and helps her family sell goods in the market. Angela is in favor of modern medicine but finds it too expensive and a hassle to obtain. She states: The hospital is too overcrowded and takes too long to be seen. When you come at 6am, you won’t be seen until noon. If a foreigner comes in, they will be seen before all of us. If the person knows the doctor, they will also go first. So I will have to fight with nurses. When you go, you have to give 20,000 cedis to see the doctor, and 15,000 cedis for the lab fees. The lab testing cost so much only for them to tell me that I have malaria. I already knew that! That is the reason I went to the hospital in the first place. You will then take your prescription sheet and go to the pharmacy and pay more money. This does not include your fare for the taxi. Drug of choice: Mighty Power Tonic

**Mrs. Adjwoa Boakyanse** age 40 years old and a mother of 5 (but cares for a host of other children). She is also in seminary training. She uses herbal preparations for the entire family. She states: I think it’s nice that you people come here prepared with your daily capsules, but you will go and come. Should my children and I take a pill for the rest of our lives? Malaria and mosquitoes have been here forever and I don’t think they will leave soon. I’d rather take natural things to cure my illnesses rather than pump myself with chemicals. I only go to the hospital if my illness has gotten bad. Drug of choice: Maladrin

**Hesse Amo**: age 86 years old and a retired professor from Accra. He learned how to cure his malaria from his mother. He uses both modern and herbal medications but will always choose the herb first. He states: Herbs have cured my malaria many times but there have been 2 particular times when modern medicine has saved me. Both of them work, but the modern medicines work very fast but I don’t like the side effects. I think the doctors and herbalists should come together and make a cure and stop all of this nonsense about prevention. Drug of choice: Quinine or Nim tea

**Edusah Amo-Broni**: 12 years old and a junior secondary school student has had more than enough experience with both herbal and modern medicines. Born with sickle cell anemia, he is no stranger to joint aches and pain. Acquiring malaria only adds to his ailments, quickly sending him into sickle cell crisis. He states: I like both of the medicines. The one my doctor gives and the one and me my grandfather’s cream. It smells so nice; it makes me go to sleep. Drug of choice: unknown

**Kwaku Amo-Broni**: 42 years old graduated from Cape Coast Polytechnic University with a degree in electrical engineering. Currently sells and repairs electrical equipment. Kwaku strongly believes
in the efficacy of REA1 herbalist and not phonies. He states: I have lived in Ghana my entire life and have watched a lot of technology, medicines and imported goods come and go. I know that U.S. and the U.K. donate a lot of relief fund to help with malaria problems, but as soon as your countries money gets small, they will take away all of the funds away. I know it. I have seen it over and over again, but our herbs will always remain. Please understand that I appreciate modern medicines, but what will happen to us when they are gone? Drug of choice: prayer

**Bright Boakyanse:** 23 years old and electrical engineer graduate. He does not use anti-malaria drugs anymore. He says he stopped taking them years ago because he could never remember to take them on time: too much trouble. He states: Having malaria from time to time is just a part of life here. Just think about the cold of flu; nobody can do anything about it except for try to prevent getting it. I think its bad that people die from malaria, but those are the people that wait too long to see a doctor. Herbal medicines work, but if after a few days the person is not better, they should see a doctor. Drug of Choice: malarilex

**Marion Akwanda:** 36 years old with four children to care for when they have malaria. She is from Tokardis’s neighboring town of Cape Coast, and uses herbal medication. She states: “When my children show signs of being ill, I watch them closely to see it they will develop a cold or malaria symptoms. I first give them herbal tea, but if they don’t get better in a few days I take them to the hospital. Sometimes the herbal medicine is what’s best and other times it’s the doctor’s medicines. I have to trust God. Drug of choice: Masada

**Nana Abuafu:** 17 years old a student at St. Augustine school. He tell of how susceptible he is to catching malaria be stating that he sometimes has it 2-3 times a year. He states: I hate having malaria because it makes me too weak. I don’t care if I take herbal drugs or capsules just as long as it makes me better. My mother usually gives me teas and sometimes I go to the hospital. Most times mommy takes care of me. Drug of choice: Unknown

Now readjust with me, you lens of perception and medical understanding, back to that of an educated individual, able to provide adequate health care for yourself and family. We will now move on to looking into deeper causations of a person’s inclination to use modern versus herbal medicine or vice versa.
Why Choose?
(The critique)

Since the reign of colonization modern medicine has continued to infiltrate into the health care system. One would think that health of the community would have better stabilized itself because of its exposure to effective vaccinations and curative medications. Though it is true that there has been a decrease in the mortality rate in infants and women giving birth has occurred, and an increase in the life expectancy, these facts are not enough to satisfy the healthcare needs of the greater public. Why is it that people continue to suffer and even die from the effects of malaria and many other diseases when there are vaccinations and many other preventive measures available? Why is it that doctors are still complaining that patients are coming to the hospital when the disease has already progressed to harmful and even deadly stages? When the signs and symptoms of malaria occur, why aren’t people going to the hospital immediately to, when it is widely known that affective treatments are available?

These and a host of other questions enter into my mind and probably the minds of everyone that has only been treated by modern medicines our entire lives. Thus it is vital to look deeper into the thought process of the Ghanaians I have previously referred to. It is not enough to hear their topical responses and rationale for the use of modern or traditional medicines. My next step was to sometimes close my ears so that I could truly see the underlying meanings that coincide with certain actions regarding the persons health. Most of all, I had to lay aside my privilege, beit financial, educational etc. so as to develop a greater insight on the indigenous thoughts, feelings and understanding toward modern medicine.

Culture: Though it is all around us, the most important parts of our culture remain invisible to us. As we slowly reach our full thoughtfulness and maturity it we inevitably absorb it unawares…Only when we have reached a high level of education… can we see our own culture for what it is…Culture is the sum total of the customs, beliefs attitudes, values, goals, laws, traditions and moral codes of a people… it includes their corporative view of their universe and also their attitudes toward health and disease… The almost inevitable human tendancy is to accept the visible part of a “strange culture” and unconsciously graft on them invisible element from the observers own culture, albeit in a very incomplete and haphazard way. (King 4;4)

Giving consideration to the ideas previously discussed concerning culture, let’s take the time to see why, in a place where medical solutions for malaria is available, there is still a need for people to choose between modern and traditional medicine.
Malaria (definition) An infectious febrile disease caused by protozoa of the genus plasmodium which are transmitted by the bites of infected mosquitos from the genus anopheles. The disease is characterized by attacks of chills, fever and sweating. These may occur daily (quotidian), every other day (quartan) or with intervals of three days (quaitan). Malaria comes in approximately 12 different forms.

1) Algid malaria,
2) autochthonus m.
3) avain m.
4) cerebral m.
5) cold m.
6) m. comotosa
7) hemolytic m.
8) hybrid m.
9) incidental m.
10) induced m.
11) monkey m.
12) simian m.  (Webster 791).

According to Kwamena the herbalist “malaria is a disease that makes your blood bad. The mosquito mixes the bad blood with your good and healthy blood and it becomes tainted.”

Now, you and I must both admit, that even though we are considered the “educated” just because of the mere fact that we can read and understand this study, the definition the herbalist has giving is much simpler to understand. It does not make lab testing, six years of medical school or a PhD to plainly see the etymology of his claim. We all know that if one mixes a glass of dirty water and a glass of clean water, the clean has become contaminated just with the “bad blood”.

What happens to the ill person that cannot understand the doctor’s curative procedure and explanation for the disease or even how to make the medications correctly? Imagine the fear and confusion of the person that has returned to his home in the village, successfully taking the prescribed medications, but did not understand the doctor’s warning about the side effects. Will the person know that discolored urine, drowsiness, loss of appetite and headaches are caused by the medication and will go away?

Let’s look further into medical instructions. Does every patient know standardized units of measurements (i.e. take 30ml)? What about their interpretations of time intervals? In my short time of experience in Ghana, I have entered into a lot of homes, and most of them, including the one I
lived in, were void of clocks or at least one keeping accurate time. How would a person in a rural area or even persons that don’t own a wristwatch, keep accurate dosage time? If the drug is to be taken every six hours to avoid toxicity, how will the person accurately space these critical intervals for their four times a day medication?

As you can see the traditional herbalist had the right idea when they treated the holistic person. To simply diagnose a disease and prescribe a medication is not enough to ensure the persons compliance. If the individuals do not understand the disease process, methods of prevention and contraindications, the medication will prove it self to be more harmful than helpful or better yet, useless.

The traditional doctor often rather euphuistically referred to as a “herbalist” or pejoratively called a “witch doctor” by those who wish to generate African achievement in medicine, you will discover is trained as part of the healing process, not only to diagnose the disease but also to prescribe, manufacture, administer and supervise the whole process of health delivery. Against this there is the situation of the foreign educated African general practitioner who merely diagnose the disease and prescribes drugs on a chit. In this particular case whether or not the patient finds the drug on the market or can afford it or elects to take it properly is not the consideration of this foreign trained doctor. (Sam, 2)

Language Barriers

According to Mr. Kofi Sam, the former minister of state in Ghana, approximately 70% of the country us “illiterate.” Literacy is determined by the persons ability to read, write and comprehend the national language: English (most often determined via testing). If 70% of the population is unable to productively function in the realms of the national language, then “who is the real illiterate? (Sam)” Is it the doctor from Cuba that cannot effectively communicate with the patients, or is it the village herbalist that can understand his patients on so many underlying levels? The herbalists deal with their patients on a deeper level: a cultural level. He speaks the unspoken language of a silent understanding that is shared amongst a closely connected group of people. He understands the living conditions, familial background, financial resources, level of education and belief systems that may, in a modern doctor’s office, never get to be explained. Most of the time his patients are people that he lives in close proximity to and has had the opportunity to watch these people grow up. The herbalist has the advantage of speaking the local language, which open new avenues of trust, leading to more effective health care. Dr. Morna, a general practitioner at the Central Region Hospital, explains it as such. “I am an Akan and I speak the Fate language, but I was born and raised in the northern region far from Cape Coast. In the north, we speak a different jargon
from those in the south, therefore our words and definitions given to certain diseases and ailments are quite different.”

Imagine the frustration of both the patient and the doctor that do not speak the same language. The Central Region Hospital is staffed with doctors from Egypt, Cuba, Nigeria, and other counties. How can the patient effectively communicate their needs and complaints, with limited knowledge of the English language? You may be thinking, “use a translator.” As a medical professional I would have to agree and disagree with that seemingly simple solution. Translators are sometimes the glue that holds medical facilities together and may be the only way to began treatment. However, imagine how much meaning and definition is lost when the message is spoken in the native language, translated into English in the mind of the “middle man” and expressed to the doctor. In order to get the response back to the patient, this process is done several times. The explanations of matters given by the patient are now void of his own emotion and personal feelings. Another concern is knowing for sure that the translator accurately represented the point the patient was trying to make.

Please keep in mind that language and understanding go hand and hand. For, the combination of the two is the true definition of communication. Even with the use of translators, and considering subjective as well as objective signs and symptoms of the disease, there is still no real guarantee that the communication process between doctor and patient concerning the vitality of the person’s health was successfully transmitted.

Religion and traditional beliefs

The term, the supernatural, is used to include all that is not natural, inexplicable in concrete terms. For example, the scientific medical practitioner does not seek supernatural causes nit employs the germ theory vis a vis scientific method in his usage of the term supernatural (Twumasi, 10).

Every aspect of the cosmetics of the Ghanaian community in the major cities as well as the rural towns, show their deep love for God and religion. According to K.K Anti, 69% of Ghanaians are Christian, 8.5% practice traditional religion, 15.6% Muslim and 7% practice non. Many people practice a combination of both Western and traditional religion.

In term of medicine, there is however a conflict interest. Though western religion (i.e. Christianity) believes in faith healing through the power of the “Almighty God,” many traditional religions put their faith in God, deities, and the ancestors for healing and other prayers. Looking at the statistical facts of the religion distribution in relation to the belief in the power of “magico-religious” healing, one may be mislead into believing that less than 10% of the population seeks help from traditional healers. Not so! In fact, the herbalist/ fetish priest states that most, if not all, of his
patients are church-going, religious people. People tend to revert back to their traditional beliefs in times of need.

Doctors and health care professionals have to be very sensitive to one’s religious convictions in that religion encases the entirety of the person’s lifestyle choices. Blood transfusions, abortion, insulin take from animal sources or any medication that causes alteration in the natural body function (i.e. causing drowsiness of loss of appetite) may or may not be against a persons religious beliefs. Due to psychological attachment that accompanies beliefs, administering drugs that a person believes to be “against the will of God” may prove to cause damage albeit mental, spiritual, emotional and maybe even physical. “If scientific medicine is to find acceptance in another culture, it must have utility compatibility and meaning in the adopting culture. What is more important is it must live within the area of culture where change is acceptable (Twumasi, 97).”

The medical world must allow patients to pray, use holy water, blessed oils, chant and meditate or even pour libation to the ancestors in order to promote the patients comfort and faith in modern medicine. This will in turn enhance its long and short-term effects.

Location and Convenience

How does a person form Kissi, Kyiasi, Antofo, Komenda, and other surrounding villages in Ghana get from their village to the hospital? He or she must travel approximately 30-45 minutes away from home to receive care-deterrent#1. The hospitals and clinics can not afford to be in small villages and medical staffing is not to work in these locations due to lack of equipment and finances, therefore hospitals must be centrally located in order to attract adequate patronage. It’s much quicker and more convenient for the person to go down the road to see an herbalist. Deterrent#2: Due to the fact that the hospitals are understaffed (many medical students that get a degree in the country travel elsewhere to work) and overcrowding is a large issue, seeing a doctor takes a lot of time and patience. When I’d go to the hospital for research purposes as early as 7AM, the hallways would be filled with people waiting to be treated. The person must place his information card in the holding box and sit for hours waiting to be treated. Seeing an herbalist is again easier. If a woman has several children, will she get them all dressed and make them sit in the hospital with her? How will she feed them whilst being away from home for so many hours? Who will cook and do the other domestic work at home? If a man is ill, is he able to afford missing a day of work? Quickly stopping for a few minutes during the day solves all of those problems have very brief and strict visitation hours and regulations. When a patient is hospitalized as an inpatient, regardless of age or cause, no one is allowed to stay overnight or anytime outside of visiting hours with the patient. Consider the woman whose small child has contracted malaria comatose, for example, and the child of course must be hospitalized. Is she expected to travel 30-45 minutes back to her village and sleep while her child’s
fate is still undetermined? Many small towns are void of land-line (in house) telephone services, so how will she be informed if her child’s condition worsens during the night? Will she have to travel back and forth each day until he is released from the hospital? Please keep in mind her other responsibilities at home such as other children, and elderly parent, husband etc. “It is very common for mothers in this situation to have the child discharged against doctors orders and treated in the home (Smith 19).” The herbalist is once again the man for the job.

Financial Status

How can I begin to talk about reasons for choosing herbal medicine over modern medicine if I don’t talk about one of the main reasons: money! While visiting pharmaceutical agencies and chemical sellers, I found that herbal medicine is often times 35-60% cheaper than chemical treatments. Medications that come from around the world have to include costs for shipping, handling, taxation and the cost of the “middle man.” Herbal malaria treatment is cheaper and even sometimes FREE for those such as Seth Essel (an interviewee), which has a Nim tree growing in front of his home.

The cost of modern medical treatment includes a host of separate fees and does not ensure full results. A person seeking medical help from Komenda for example has to undergo the following fees for malaria...

Tro Tro (mini bus) fare: 6,000cedis (12,000 both ways)
Consultation fee: approx. 20,000cedis
Lab testing fee: 15,000cedis
Cost of medication: 18,000cedis or more
Taxi fare: (to/from the hospital to the tro tro station)
Linch:??

Other testing that may occur depending on the type of malaria acquired, the stage at which the disease has developed, possible hospitalization or follow-up appointments in which the previously mentioned fees must be paid again.
It’s quite easy for me to sit here in an air-conditioned medical research library and critique as well as ridicule certain herbal practices but the truth still remains. There are thousands of Ghanaians being infected with malaria and other diseases that need relief. I am well aware of the fact that my discoveries are only explanations and rationales behind the problems and wont even began to fix the real issues. I do not claim to be a savior, but a humbled researcher that is, at this point in my life, only able to offer small suggestions to the betterment of the medical world in Ghana. The following are possible solutions are “baby-steps” toward aiding the problem.

#1 Form an alliance between traditional and modern healers

How are the two main spectrums of health –traditional and modern- expected to ever bridge the gap if there is no communication and or education shared between them? What is being accomplished, if modern doctors remain skeptical whilst having the could possibly cure, if not completely eradicate some of our current diseases, if these two branches have no real way to share and combine ideas?

If there was an association or medical workshop formed that would allow certain herbalist to make their knowledge known about the curative components particular herbs, just think of the progress that could be made. Researchers form places such as CSRPM in Mompong, or even chemist from local universities could conduct testing that may verify the herbalist’s claims. The modern health care professional would then learn the truth about these natural elements and may even someday prescribe them for patients. Doctors in return could offer advise of preparation, sanitation, stabilization, dosage, levels of toxicity and the like.

Implementing such a large project would, of course, take time and could not guaranteed that all doctors and herbalist will be willing to participate. I believe that it would be a start to promoting better health, more tangible means of acquiring relief and increase possibly a means for generating revenue through the manufacture of herbal medicine by decreasing the need for imported medications.
#2 Incorporate herbal medicine into medical, botany, chemistry and agricultural classes in the university.

If the country of Ghana, with all of its old as well as up and coming universities, would implement such courses that would bring the younger generations back to the traditional use of herbs, it would in years to come, relinquish the need to the previously stated suggestion for an alliance. If students are already at the university with the goal of learning plant life (botany), modern medicines, and agriculture, then why not make them aware of the value of the land they already inhabit? Even students studying chemistry would benefit from this type of research. With such awareness, Ghana as a country would profit greatly. Botanists and chemists would someday come together to conduct herbal medical research, thus creating elixirs, capsules, teas and powders that can be packaged and sold to local users as well as internationally. This idea would also increase local awareness of helpful and harmful uses of herbs, increasing the quality of a healthy life. It will also decrease the need for imported medications, adding to the good of the economy.

#3 Expand Center for research into plant medicine

Why is it that after 28 years of the success of the Center for Scientific Research into plant medicine, there continues to be only one facility of its kind in the whole of Ghana? In the mountain tops of Akuapem-Mompong, there us a place that carries on life changing research that is unfortunately unobtainable by many people that could use its services. If there is a regional hospital in each of Ghana’s 10 regions, then there should be a facility that can test and approve herbal preparations in each region as well. I agree with modern medical professionals when they express concern about the preparation of certain drugs, but how can herbalist that are 8-14 hours away from CSRPM, acquire assistance with improving their products? Herbal research centers, like CSRPM, should also staff doctors that will prescribe and treat patients with herbal medicines that have been tested, which will in turn decrease medical expenses. With such centers in place, the general public health will be improved due to a greater inclination to receive health care that is affordable and reliable.

#4 Place governmental sanctions on the preparation and sale of herbal medications.

Health care should be the number one concern of all political parties. Without proper means of obtaining care, the country is at a high risk for epidemics and death due to illnesses that could have been cured are or prevented. The government should then higher specialists to test certain herbs that will treat common disease such as malaria, noting it therapeutic dosages, levels of toxicity, and side
effects. This information could become public knowledge through various forms of public health education. The Federal Drug Board (FDB) of Ghana, placing its “stamp of approval” on a product could serve as a median between fraudulent herbal preparations and truly safe and effective malaria treatments. If there was a ban on herbal medicines that have not been tested or at least keeping them from being sold in pharmacies, I believe there would be some decrease in chronic malaria cases that are caused by initially treating the disease with “Quack” remedies. The lack of the availability of unsafe and ineffective drugs would eventually be a plus for the health of the common man.

4# Detour our focus off of the “Mighty Mosquito” and concentrate on the true causes of the spread of disease.

There are four main concerns that contributes to the spread of malaria and other harmful diseases,“1) sanitation, 2) sewage) 3) water supplies 4) market places (Anfom, 22). Mosquitoes, flies, maggots, and other harmful insects, breed in waste and stagnant waters. These insects lay their eggs in such places, perpetually increasing mosquito population.

If Ghana geared its focus toward prevention, many of the waste issues would be cared for. Children and the elderly with compromised immune systems due to low body weight, malnutrition, and lack of vaccinations are the most susceptible. How can the body fight off bacteria and diseases without adequate supplies of the necessary daily vitamin and mineral supply? In this case, the body is also slow at making antibodies that should have otherwise built up a level of natural immunity to the disease. These issues cause hospitals to see the same patient 2-4 times a year for the same disease-malaria. Let’s focus on having concealed sewer receptacles, better education on hand washing, and food sanitation as well as malaria preventing ways of life. One must look at the core issue before coming up with a truly effective plan.

I know that my five suggested means for helping the common user of herbal medicine to obtain truly effective care us filled with error and “loop-holes.” To implement such measures would create the need for more money, time, governmental support, public awareness, and modern/herbal medical practitioners cooperation. My goal at this moment is not to jump full force into the reconstructive process, but to shine light on the gray areas of the subject. I believe it is very vital for the medical world to know the root causes of the matter: poverty, lack of education, poor resources, belief systems and others that I have not been made aware of. If these causes are made known, health care professionals can began to care for the holistic person as well as the disease. They will then understand the need to trust and give a fair chance to the incorporation of plant medicine.
Appendix A
Center for Scientific Research into plant Medicine
Akuapem Mompong
Eastern Region
CHAIRMEN OF THE CENTRE’S COUNCIL

I. Dr. J. A. Blukoo-Allotey, a Medical Doctor and a former General Medical Doctor and a former General Manager of GIHOC Pharmaceutical Company has been the Acting Chairman of the Centre’s Council since 1994 to date.

II. Prof. C. O. Easmon, a Surgical Specialist and former Dean of the University of Ghana Medical School was the 1st Chairman of the Centre’s Council from 1976 until his death in 1994.

III. Dr. E. Evans-Anfom, a Medical Doctor, Educationist and a former Vice-Chancellor of the University of Science and Technology, Kumasi was the Chairman of the Centre’s 1st Advisory Committee from 1975 to 1976.

DIRECTORS OF CENTRE

I. Prof. E. K. Oppong-Boachie, a lecturer in the Department of Chemistry of the University of Science and Technology, Kumasi has been the Director of the Centre since 1997 to date.

II. Prof. A. N. Tackie, a former Dean of the Faculty of Pharmacy, University of Science and Technology, Kumasi and former Executive Chairman of the CSIR was the Acting Director of the Centre from 1994 to 1997.

III. Dr. G. L. Boye, who was also a lecturer in the Department of Pharmacology of the University of Ghana Medical School was the Acting Director of the Centre from 1988 to 1994.

IV. Prof. K. K. Adjepon-Yamoah, who was a lecturer in the Department of Pharmacology of the University of Ghana Medical School was a part-time Director of the Centre from 1980 to 1987.

V. Dr. Oku Ampofo, a Medical Doctor and the initiator of the Centre was the Centre’s Director from 1973 to 1983. He later became the Centre Consultant from 1987 to 1998.

SHORT BIOGRAPHY OF DR. OKU AMPOFO

INITIATOR OF THE CENTRE FOR SCIENTIFIC RESEARCH INTO PLANT MEDICINE (CSRPM)

Dr. Oku Ampofo was born on 4th of November 1908 at a village called Poomo, near Adawso in the Eastern Region. Soon after his birth, the family moved to Amanase near Suhum where his father was a chief and a cocoa farmer. The father established a school at Amanase in 1916 and it was in this school that young Oku Ampofo started his primary education. After three (3) years of school at Amanase, the young Oku Ampofo was brought to Mampong-Akuapem to continue his primary education.
In 1921, when he was in standard 3, his father decided to enroll him in a senior school at Anum some 90-100 miles from Amanase. Young Oku Ampofo and his peers used to walk 72 hours (3 days) on re-opening of school at Anum and during periods of school vacations. From Anum Secondary School, he proceeded to Mfantsipim Secondary School in Cape Coast from 1926-1929.

As a result of his exemplary character, he was made the Senior Prefect at Mfantsipim. In 1930 he applied and was admitted to Achimota College to undertake his Intermediate degree course for 2 years. As destiny would have it, he applied to the then Colonial Administration and got admission, in 1931, to pursue pre-medical course in science in the United Kingdom. In 1933 he was admitted to the University of Edinburgh with full scholarship.

He finished his pre-medical course in 1933 and then spent the next 6 years in the same University for the medical course, which he finally graduated with flying colours in 1939 as a full surgeon of the Royal College.

By this time the Second World War had broken out, so young Dr. Oku Ampofo decided to return to his country the Gold Coast in 1940 after a short study course in the Liverpool School of Tropical Medicine.

In Ghana (the then Gold Coast), young Dr. Oku Ampofo approached the Colonial Administration of Health for possible employment anywhere in the Gold Coast but was informed he could not be employed as a medical doctor purely because of racist tendencies.

Without seed money, equipment and accommodation young Dr. Oku Ampofo was unperturbed by the action of the Colonial Administration.

He combined courage, optimism and a strong desire to help in the healing of the people of the Gold Coast during the war years and therefore moved to his hometown Mampong-Akuapem to establish a private medicinal clinic under the most trying conditions. During this period, there were no hospital or clinic anywhere near Mampong-Akuapem. The only hospital/clinic in the Eastern Region were at Nsawam and Koforidua Roads were bad, telecommunication was non-existent and patients relied mainly on traditional healers for their health care needs and traditional birth attendants as midwives. It is in this setting that the young Dr. Oku Ampofo entered Mampong-Akuapem in 1940.

Short of allopathic therapeutic or prophylactic drugs, Dr. Oku Ampofo decided to consult renowned and well-respected traditional healers for herbal drugs to be prescribed to some of the patients who consulted with him. With humility and an approach as a student, he got valuable information on herbal drugs from healers like:
With the help of the above traditional healers Dr. Oku Ampofo successfully treated diseases like Malaria, asthma, chicken pox, Bronchial pneumonia, abdominal pains, diarrhoea, etc. The success of these initial experimental findings prompted Dr. Oku Ampofo to travel the length and breadth of this nation to consult with more traditional healers to learn from them and most importantly to document the healing plants mentioned to him. It is claimed that there are about 30,000 medicinal plant species that are presently found to be of use throughout the world. Through Dr. Oku Ampofo’s efforts the Centre for Scientific Research into Plant Medicine now has valuable information on 3.3% (1,000) of these medicinal plants.

In 1961/62 the Government of the First Republic of Ghana under Dr. Kwame Nkrumah decided to build a hospital in honour of Mr. Tetteh Quarshie, the gentleman who brought cocoa from the island of Fernando Po to the then Gold Coast. When the Tetteh Quarshie memorial hospital was commissioned, Dr. Oku Ampofo was approached to help in the running of the new hospital, which as a result of historical advice was sited at Mampong-Akuapem, the village where Tetteh Quarshie successfully established his cocoa farm.

Dr. Oku Ampofo helped at Tetteh Quarshie Memorial hospital until 1970 when at the age of 62 he decided to devote the rest of his earthly life to the development promotion and safe use of traditional herbal medicine. Dr. Oku Ampofo was conferred with the title of a WHO advisor on plant medicines in 1975, a position he held till his death at the age of 90 years. Through Dr. Oku Ampofo’s efforts the Centre for Scientific Research into Plant Medicine was in 1981 designated as a WHO collaborating Centre for Traditional Medicine, the first in Africa.

A number of institutions throughout the world were in close collaboration with Dr. Oku Ampofo as a result of which they immensely benefited from his wide and rich experience in traditional herbal healing. Among these are the National Institute of Health (NIH), the body in USA charged with matters on health, the Chinese Association of Traditional medicine, research institutions and universities both home and abroad that are interested in the safe use of herbal medicine.

Dr. Oku Ampofo served on numerous national and international committees. These included:

1. Chairman, Arts Council of Ghana, 196301972
2. Advisor to Ghana Psychic and Traditional Healers;
3. Association
6. Consultant to the Centre for Scientific Research into Plant Medicine, from 1987 till his passing away.

Dr. Oku Ampofo was a man of many talents. Apart from his practice of medicine, Dr. Oku Ampofo was also a world-renowned artist and sculptor. In 1952, he founded the first Art Society of Ghana. In 1965, the Volta River Authority, granted him scholarship to mount an art exhibition in New York and Washington D.C. both in the USA.

In view of his invaluable contribution to research into plant medicine and medical practice in general, the University of Ghana, Legon conferred on Dr. Oku Ampofo in 1976 the degree of Doctor of Letters (Honoris Causa).

May his gentle soul rest in perfect peace with God Almighty.
III. PRODUCTION

The Department’s primary objective has been to produce and improve the production of herbal medicines to meet clinical requirements and the expectations of a modern society that has a rising standard of living. Consequently the Department currently has a product range comprising capsules, tablet, decoctions, powders and ointments, listed below which are useful in treating a broad range of diseases that are common in our environment.

The department also standardizes production processes in order to improve and maintain the quality of the products, and to improve the efficiency of the processes.

<table>
<thead>
<tr>
<th>NAME OF HERBAL MEDICINE</th>
<th>DISEASE IT MANAGES OR CURES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DECOCTIONS</strong></td>
<td></td>
</tr>
<tr>
<td>1. Mist Agetum</td>
<td>Infertility in women</td>
</tr>
<tr>
<td>2. Mist Antiaria</td>
<td>Epilepsy</td>
</tr>
<tr>
<td>3. Mist Asena</td>
<td>Arthritis</td>
</tr>
<tr>
<td>4. Mis Bredina</td>
<td>Diabetes</td>
</tr>
<tr>
<td>5. Mist Camber</td>
<td>Hypertension</td>
</tr>
<tr>
<td>6. Mist Cidenia</td>
<td>Mild Hypertension</td>
</tr>
<tr>
<td>7. Cough Mixture</td>
<td>Cough</td>
</tr>
<tr>
<td>8. Mist Diodia</td>
<td>Diuretic</td>
</tr>
<tr>
<td>9. Dyspepsia Mixture</td>
<td>Nausea and stomach pains</td>
</tr>
<tr>
<td>10. Herbal laxative</td>
<td>Gentle purgative</td>
</tr>
<tr>
<td>11. Mist Induce</td>
<td>Diabetes</td>
</tr>
<tr>
<td>12. Mist Membrane</td>
<td>Urine retention in men</td>
</tr>
<tr>
<td>13. Mist Modem</td>
<td>Asthma</td>
</tr>
<tr>
<td>14. Mist Jaundice</td>
<td>Jaundice</td>
</tr>
<tr>
<td>15. Mist Morass</td>
<td>Sickle cell diseases</td>
</tr>
<tr>
<td>16. Mist Nibima</td>
<td>Malaria Fever</td>
</tr>
<tr>
<td>17. Mist Ninger</td>
<td>Dysmenorrhoea</td>
</tr>
<tr>
<td>18. Pile Mixture</td>
<td>Pile (haemorrhoid)</td>
</tr>
<tr>
<td>19. Mist Sodenia</td>
<td>Numbness in exyremities</td>
</tr>
<tr>
<td>20. Mist Tonica</td>
<td>Anaemia</td>
</tr>
<tr>
<td>21. Mist Enterica</td>
<td>Typhoid fever</td>
</tr>
</tbody>
</table>
Powders

22. Blinghia Powder    Diarrhoea and Bleeding Piles
23. Kenken Powder    Abdominal and menstrual pains
24. Lippia Tea    Sedative and mild hypertension
25. Ninger Powder    Asthma
26. Olax Powder    Enema (Lumbago)
27. Aphrodisia Powder    Aphrodisia
28. Aphrodisia Roots    Aphrodisia
29. Ritchiea Powder    Migraine & nasal disorders

OINTMENTS

30. Anti-Fungal/Anti Bacterial    Skin infection (herpes zoster)
31. Pile –C ointment    Pile (haemorrhoid)
32. Rheubalm J Ointment    Joints pains
33. Garibe Ointment    Skin infections
34. Parasitidal    Skin infections

iv. QUALITY CONTROL

The department collaborates with the Microbiology, Phytochemistry, Pharmacology and the Clinic Department s in carrying out quality control checks on the products.

ACHIEVEMENTS

i. One of the major results of these activities is the reduction in the volume of our decoctions, which are now packed in 330ml bottles instead of the 600ml bottles, which were used previously. The reduction in volumes also required that new dosages be worked out for these products. On the whole these innovations have reduced the Production cost of the decoctions and also made them much more convenient for patients to use.

ii. Improvements to the dosage form of powders has taken off through the introduction of Kenken capsules which have been developed from the Departments Kenken powder by the departments Kenken powder by the Phytochemistry department. The production of Kenken capsules is now going on in a collaborative work between the two departments,
our overall success in these endeavours may be gauged by the increasing interest shown in our products by professional medical practitioners and the general public alike.
Appendix B

Malaria Information

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FACILITIES

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Interviews


Morna M.D. general practioner Central Region Hospital. Interview by author. 18 November 2003. Notes in possession of author. Cape Coast.


**Lectures**


Kofi, Sam “Appropriate Technology in Ghana” October 29, 2003