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A CASE STUDY OF MEDICINE PREPARATION AND HEALING

PROCEDURE IN ABORA

in Ghana/West-Africa

M.A. Thesis presented to the
Institute of African Studies,
University of Ghana, Legon
in partial fulfilment of a Master's
degree in African studies

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18th September 2001
Declaration

I declare that this thesis is my own original work. Where sources have been cited, I have made full acknowledgement.

I have not presented this thesis anywhere, in any form, for a degree.
Abstract

A good deal of literature is available about the healing procedures of traditional herbalists in different areas of Ghana. However, little information can be found about this subject among the coastal Fante.

This study attempts to record in detail the activities of two traditional herbalists living in this area. Another objective is to find out whether, and in what situations, fishermen go to a traditional herbalist. The research was carried out through participant observation and interviews in the compounds of two herbalists.

The analysis of the data gathered yielded the following major findings.

First, herbal and healing knowledge is not simply acquired, but it is handed down from or spiritually acquired by the ancestors. Second, through intense dialogues, the patients are perceived holistically by the healer and a basis of trust is thus created, which is decisive for the diagnosis and treatment of the illnesses. Third, within the three weeks of observation, the status of disease had improved in five of the nine cases of the inpatients, three patients had even totally recovered. Forth, the fishermen, who made up one third of the woman-healer’s clientele, consulted her nearly exclusively for supply with catch-increasing decoction to be sprayed into their nets as well as with charms against witchcraft and bad spirits.
Acknowledgement

I wish to express my cordial thanks to the people who provided me with the opportunity of gaining such precious knowledge. First of all, there is the traditional healer Ama Sakyewa, and second is Ayyuba Khan Ahmed for instructions and explanations during the documentation of the manufacturing of his herb medicines. In addition, I thank him for the interviews and translations. Without the two healers the paper could not have been written My thanks also go to the numerous informants and translators.

Furthermore, I thank the lecturer who accompanied me on this field research, Dr. Lilo Roost-Vischer for her prudent supervision and organisation, and Dr. Brigid Sackey for advice and supervision of the paper.
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Part I of the research report:

1.1 Introduction

In summer 1998 sixteen students of the Institute of Ethnology of the University of Basel, Switzerland, guided by Dr. L. Roost-Vischer, undertook a field research on: “Fishery among the Fante in Ghana”. Each student had to select a topic. Since I had been employed for 35 years as a medical assistant and my field of interest also covered healing concepts of other cultures, I selected the theme "Traditional healers among Fante fishermen". However, I was aware of the fact that, even within six weeks of intense field research, I would be able to realise only a small segment of the vast domain of traditional healing in Ghana, with its multitude of healing methods and different spheres of healing activities.

I agreed with Dr. Roost-Vischer that I would live and perform my studies in the healer compound of Ayyuba Khan Ahmed in Abora near Cape Coast, where I arrived after having had one week of introductory training in Elmina.

A healer compound appeared perfect for my subject for I hoped to obtain much information for preparation and healing procedures from the owner of the compound. However, when I arrived at the place my hope proved to be just partially right since, during my stay, the herbalist and owner of the compound, Ayyuba Khan Ahmed, prepared only a few varieties and quantities of herbal medicines. Besides that he received no patients. The reason he gave was the following: “The other day one of my collaborators had a accident with our car and we have no money for repair. Because of our financial problems we cannot buy herbs from far off areas which I need for special herb mixtures”

In his compound I studied and documented the composition and preparation of different herbal medicines. During the preparations the herbalist was present, he translated and answered my questions and elicited important items in separate interviews.

Fortunately, shortly afterwards, I came into contact with another traditional healer, Ama Sakyewa. In her compound I could undertake different research studies, which proved to be especially valuable for my subject and for myself. In her compound
I studied and documented the treatment of her inpatients. The course of healing, both success and failure was recorded. However, I was not able to trace completely the treatment of all inpatients since administrations of medicine also occurred during my absence. I also observed and recorded the treatment of outpatients, the counselling of advice seekers and the supply of fishermen with catch-increasing decoctions during the healer's consultation hours.

My area of research was Abora, 6km north of Cape Coast and Nsuakyi, a very small village 2km west of Abora. In the following section I present a brief description of the origin and the history of the Fante based on accounts by the historians Adu Boahen (1965) and Michael Crowder (1977).

1.2 The Fante

Fante is a linguistic term. It designates a dialect of the Akan-language, the most widely spread group of languages in today’s Ghana. The Fante have a matrilineal society structure, which is evident among fisherman in their professional and family concerns.

Like most ethnic groups in Ghana the Fante are no original inhabitants of this area. According to oral tradition the ancestors of the Fante emigrated in two large treks of different clan groups from the hinterland of Techiman, the today Brong-Ahafo region. Several groups of Fante settled in the coastal region of today’s Central Region. They founded city-states, the first one of which was Kwaman, which later became Mankessim. Other settlements like Abora, Abease, Nkusukum, Kwanyako and Anomabo followed (Owusu-Ansah David and Miles Mc Farland Daniel 1995:104). These early foundations of towns were already solidly established when the Portuguese arrived in 1472. The great treks, however, took place in the course of the 17th century because of over-population. At about 1640 there was an important demand for slaves for the West Indies, so enough money was available for the foundations of new towns. Boahen (1965:183) writes:

"In 1693, we have positive references to the Captain of Abora, the Captain of Kwaaman, the head Caboceer of Nkusukum and the Braffo of Anomabu, clear evidence that by that date those states or city-states had emerged as identifiable geopolitical entities. The first and obvious
reason for an exodus about this time was population pressure. However fertile the region of Mankessim was, it could not have sustained an increasingly growing population over an indefinite period.”

Above all, growing military power among the Asante in the Northwest of the Fante area forced the Fante to conquer additional regions. They succeeded to take over the coastal trade and to prevent the supply of weapons to their enemies. Hence, the Fante focussed on defending the coastal regions and, between 1707 and 1720, they reinforced the unity among the different Fante states. In contrast to the Asante, the greatest and most important Akan people, the Fante united only under external threat to form a political union. It was clear that the Fante did not want the Asante to have access to the coast in order to prevent them from direct trading with the Europeans. Boahen (1965:187) writes:

"The only force that appears to have served in pulling and holding the members of the union together was the common fear of Asante ……Abora playing the leading role and its capital becoming in practice the capital of the union."

At the beginning of the 19th century the Fante ruled over the coastal line between Winneba and the mouth of the river Pra. The Asante’s only major coastal trading outlets were Elmina and Accra. The British took advantage of the disunion among the Fante as well as of their hostility towards the Asante. Suspecting a trade monopoly of the Asante the British guaranteed their protection to the Fante and, later on, established an informal British administration (Crowder 1977: 103,107).

In 1871/72 the Fante tried to establish a confederation with a constitution, providing defence measures as well as modes of putting up a common market, formal education and a general development of all member states. This project failed; one month after the member chiefs had assembled in Mankessim they were arrested by the British government. The confederation did not survive the British intervention, two years after its foundation it was dissolved (Crowder 1977:108,109) and the future fate of the Fante became part of the history of the Gold Coast.
Abora, the place of the herbalist Ayyuba Khan Ahmed's compound where I lived, is a suburb north of Cape Coast, 6 km away from the centre of this coastal town. A map of the predominant ethnic groups in contemporary Ghana as well as a map of the Central Region is presented in annex I and annex II.

1.3 Organization of the thesis

The study comprises four parts. Part I (chapters 1.1-1.10) presents the ethnographic background of the research area, the statement of the problem and the aims, objectives and significance of the study. Furthermore, it contains the theoretical framework with necessary definitions, the literature review containing the information relevant to my study, and last, the methodology applied together with the problems encountered.

Part II (chapter 2.1-2.5) of the research report, deals with the traditional herbalist Ayyuba Khan Ahmed. It describes his biography, his vocation and his compound with the inhabitants. The composition, preparation and effectiveness and the sale of some herbal medicines are described in detail. Part II also contains the herbalist's answers to general questions concerning his medicines and related issues.

Part III (chapters 3.1-3.6) of the research report, deals with the traditional woman-healer Ama Sakyewa. It describes her biography, her vocation and her compound. Her treatment of the inpatients is looked at in chronological order in nine case studies. The treatment of outpatients, counselling advice seekers and the supply of fishermen with catch-increasing herbal decoctions during her consultation hours are given in detail. Open questions concerning the healer's profession and other matters are elucidated in interviews.

Part IV (chapters 4.1-4.2) presents results of the study with the major findings and the conclusions.

1.4 Statement of the problem

As mentioned in the introduction, the Institute of Ethnology, University of Basel/Switzerland had arranged basic subjects of research. Among the 15 possible topics, all concerning various aspects of fisher folks' life, I had selected the theme
"Traditional Healers among the Fante-Fishermen", since I had worked for thirty years as a medical assistant at the city-hospital in Basel. I was interested in healing practices in another culture. Specifically, I wanted to find out how many fishermen go and see a herbalist and what their special concerns are. I was also curious, whether their concerns differ from those of other clients.

Furthermore, my aim was to document herbal medicines and the treatment of all patients in order to add knowledge of the practices of two African traditional herbalists to my European experience about diagnosis and treatment of diseases.

1.5 Aims and objectives

The aims and objectives of the study are as follows:

1. To study the compositions, preparations, effects, sale and application of herbal medicines (this objective could only be partly fulfilled because of the reasons mentioned in the introduction).

2. To experience the holistic approach of traditional healers/herbalists vis-à-vis their clientele and, if possible, to let the healer himself/herself report his/her methods of diagnosis, healing, consultation etc.

3. To examine the processes of healing diseases, the successes as well as failures (by means of case studies).

4. To find out whether, and how often fishermen go to see a herbalist. In this respect the following questions arise:

   a) What at means do fishermen employ in case of insufficient, poor fishing results? Is a bad catch perhaps the result of witchcraft and what could be undertaken against it?

   b) I was curious to see whether fishermen seek the help of a herbalist in order to obtain herbal or magic means (medicines, charms etc.) for improving their catch?

1.6 Significance of the study

There is little specific information about traditional herbalists among Fante fishermen. This study, with its limitation to traditional herbalists, does not claim to be a
significant source of information within the traditional healing sector, since it allows only a small glance into a vast variety of healing activities. Nevertheless, it might be an invitation for further research in order to throw more light on holistic healing methods in the area of Fante fishermen.

1.7 Theoretical framework

This section explains the traditional and the scientific medical systems and their approach to and treatment of illness and disease.

1.7.1 Scientific medical systems

Modern scientific medicine is based on the concept of cause and effect, which gives rational explanations for all natural events and phenomena and which is based on their observation, description and classification by inductive reasoning. From general perceptions and hypotheses predictions can be made about the connections between events which are then confirmed by new experimentation. The results, for example, the germ theories of disease as well as new surgical techniques are now commonplace worldwide. Psychic causes of illnesses are treated separately, in this system (Twumasi 1988:7,15).

Scientific medicine with its concept of cause and effect has found its limitations in Ghana as well as in the western world in so far as psychosomatic and psychic illnesses are concerned. Western medicine offers two solutions only: either the use of expensive pharmaceuticals to tranquilize the patient, or, the application of lengthy and costly psychoanalysis (Twumasi 1975:107). There are other shortcomings of western medicine in Switzerland and Germany. One of them is the lack of contact between doctor and patient. The reason for this lack is as follows: the accounts of each medical examination/consultation and the dialogue with the doctor are settled with the health insurance in accordance with a “rate-point system”, each point yielding a fixed amount of payment for the doctor. The technological examinations yield more rate-points than the dialogue with the doctor. Most technological diagnose need expensive equipment, for example X-ray units, nuclear-medical machines, blood-dialysis etc.
Often the equipment is used instead of an intense dialogue with the patient; thus, the
dialogue is restricted to the shortest possible time. Afterwards the doctor prescribes a
remedy and gets the medical assistant to arrange a new date for the patient to come
again.

1.7.2 Traditional healing system

Traditional medicine ties together many phenomena; it aims at, and obtains to a
certain degree, a maximum of mental integration. To the traditional healer there is no
conceptual separation between physical and mental disease. There is no separation
between diagnostics and therapeutics (Twumasi 1975:136,137). According to Opoku
(1983:2,4) traditional healing is based on the African concept of man which signifies
that man is made up of both material and immaterial, that is, spiritual matter. These
two aspects are taken into consideration in the traditional practice for the relief of
physical and psychic malaise.

Health is not merely the absence of disease, it is a sign that a person is living in
harmony with his neighbours and is keeping the laws of the gods and the society.
Therefore in case of illness or disease social, spiritual and supernatural aspects are
taken into consideration, the latter in order to make the “inexplicable” comprehensible.
Most treatments include magico-religious ingredients, being part of a whole magico-
religious concept (Twumasi 1975:9). I have to stress that scientific practitioners also
include magic methods. For example, in the children’s hospital in Basel/Switzerland,
clowns are brought in to play, in order to let children forget their sufferings for a short
time. This facilitates the healing process of the children.

Another important aspect of the traditional healing system is the devotion of
time and sympathy by the healer to the patient and his relatives as well as in many cases
the administration of herbal medicine.

According to Twumasi (1988:8) there are various types of traditional healers,
which can be roughly classified as:
- Traditional Birth Attendants (traditional midwives),
- Faith Healers,
- Spiritual Diviners or traditional Priests, and
- Herbalists.
Traditional herbalists

The herbalists derive their name *adursifo* from *aduru*, the Fante term for medicine. Their function in the community parallels that of the priest in several aspects, for they prescribe medicine and are specialized in charms. They also include a psychological treatment linking physical manifestations of diseases to psychic and/or supernatural causes.

Among the Fante the herbalists were even held superior to the priest in therapy by medication, the phrase is often heard, “the herbalist is the master of the priest” (Christensen 1959:258,259). According to Twumasi (1988:12,13), the herbalists are the most numerous in the category of healers. They perform their service through holistic methods by which there is no separation between natural, psychic and supernatural causes. It is important to note that seriously working herbalists have a clear notion of physical cures and treatments of ills (Twumasi 1975:9).

The traditional medical practitioners saw and still see today social situation as an additional possible cause for disease (Twumasi 1988:13). The reliance of the herbalist or healer on the patient’s family to promote healing must also be pointed out. The social network of the patient is used to support him or her throughout the sickness. A family member accompanies the patient to the healer and stays often with him. Akan medical practitioners provide adequate room for the kin group to participate in diagnosis, prognosis, and treatment (Appiah-Kubi 1981:72). So the traditional herbalist enjoys trust and high status in his community not only because of the specific medical treatment but also because of the sympathetic understanding towards his clientele. As I have seen, a healer can demand his patients to assume their own responsibilities, for example, to feed themselves, to bandage their wounds and to grind or pound their own medicines.

For the treatment of diseases the traditional herbalists use medicines based on herbs, roots, barks, as well as human, mineral and animal substances. Urea from human urine has medicinal application; and salts, shells, clay, various kinds of stone and, as I have seen of metal, provide useful healing agents (Hagan 1986:7). The plant medicine is prepared and administered as tinctures, infusions, concoctions, decoctions and extracts, or as enemas and poultices, (Abbiw 1990:125). Traditional medicine utilizes
medical herbs, but the potentiality of herbal treatment is sought in terms of the powers of the spiritual world (Twumasi 1975:25).

The herbalist’s function in the community parallels that of the priest in several respects, for he/she prescribes medicine and is specialized in charms. In former times the herbalist confined his treatment to medication, in which he was reputed to be highly skilled. Today, however, some element of the supernatural or of magic is often involved in the treatment of patients. Consultation with a priest, and as I have observed, with a herbalist, is not only limited to instances where illness is in question, appeals may be made to locate lost articles, or request for good crops or good fishing and advice on personal problems may be sought.

The priest and the herbalist can describe the use of charms as means of protection of its owner against the evil magic of an enemy. It must be noted that the healer not only describes the charms and magic objects, but also produces them. The power of these charms and magic objects is derived from the magical formula used in their composition (Christensen 1959:258, 259).

**Spiritualists priest/priestesses**

Traditional priests are concerned with sickness, disease and misfortune. In African societies, these are generally believed to be caused by ill will or ill action of one person against another normally through the agencies of witchcraft and magic (Appiah-Kubi 1981:39). Often charms are requested for protection against possible enemies or witchcraft, either as a prudent precaution or because there is a reason for specific anxiety (Field 1960:122).

The future spiritualist has, after a vocation, to undertake a long training in a shrine to become a priest. One aspect of the training deals with therapeutic techniques, including instruction about properties of various plants and herbs. The adept has to learn dancing, the construction of charms and how to communicate with her/his deity/deities. The calling of the deity happens in possession. The priest may dance vigorously or even wildly, but in spite of this apparent displacement of personality she/he controls the drummers with signals from the dancing switch in her/his hand (Christensen 1959:257,258). Twumasi (1988:10,11) records that spiritual diviners use
methods of possession, divination and other ritual means to diagnose illnesses and to heal people. They regard themselves as mediator between the deities’ (abosom) and their clients, and they claim having diagnostic techniques and the power of healing from the spiritual agencies. When a spiritualist has diagnosed by divination what is wrong with a patient he tries to confirm his diagnosis by interviewing the patient to find out the underlying social and psychic causes of illness. The prevention and cures of illness not only include ritual cleansing but also administering of herbal medicine. The practice of medicine is regarded as a gift of the creator and it is dispensed through the agency of the divinities and the priest as a medium.

Having explained the traditional and the scientific medical systems and their approach to and treatment of illness and disease, in the next section, I provide further information on the position of herbalists and their work conditions in today’s Ghana.

1.7.3 Medical care in today’s Ghana: two competing systems?
Scientific western medicine dates back to the colonisation of the country by Britain in 1844 when British Medical officers were posted to the Gold Coast to take care of the colonial administration Twumasi (1975:62). Concerning medical care, Ghana is actually in a transition state. Appiah-Kubi (1981:76,77) mentions that everyone would agree that the development of modern drugs is the most important change in medicine in this century, especially when we include vaccines, toxins, and antitoxins, as well as therapeutic drugs. An important breakthrough has been the introduction of hygienic conditions, both in preventive health care and in ministering to the sick. Education of the public concerning sanitation and the spread of infectious diseases is of great potential value, particularly for rural areas.

As a consequence of this development the rise of Western medicine seemed to undermine the position of the traditional healers. The course of the development, however, has gone into another direction. Today there is a co-existence of two medical systems, the scientific and the traditional. Warren (1974:432) has proved in his detailed study on the Techiman-Bono people, that western educated people go to indigenous priest-healers and herbalists and older people, including priests, attend the mission hospitals. He reports that all segments of the population go with the same type of
diseases to either a herbalist, a priest-herbalist or to the hospital. The decision depends on financial resources and accessibility of hospitals. Twumasi (1975:119) stresses that in future herbalists/priests/priestesses will continue their activity in the treatment of all kinds of diseases, especially mental illnesses, psychosomatic diseases and chronic non-capacitating ills. In future scientific doctors and traditional practitioners have to cooperate in all patient interests.

However, there are often difficulties for the average Africans to attend western facilities. On one hand there is still a great difference between urban and rural areas as to the distribution of hospitals. The hospitals in towns are more easily accessible and their staff is better paid which leads to a shortage of doctors and trained nurses in rural areas (Twumasi 1988:20). On the other hand it is still costly to visit a hospital because Western medicine is expensive and, as I have observed, a deposit has often to be paid on entering (“cash and carry” system). Opoku (1988:247) explains very clearly why the average African population often cannot afford the excessive hospital fees and he encourages all churches to do their utmost, on a material and immaterial level, for the needs of the poor and sick. According to him, the reason for the impoverishment of the population lies in the exploitation of African resources, above all by the western nations. Africa has run into more and more debts (1988: $ 150-200 billion). The high rates of interests have led to over-production of cash crops to the detriment of subsistence, leading to malnutrition, famine and illness for a great part of the population. This means that there is also little or no money for the indispensable research on traditional medicine, but as Warren (1974:436) states, studies urgently need to be done on the national role of the traditional healer, and funds should be allocated to further chemical analyses of medical herbs and plants. Appiah-Kubi (1981:128) also mentions the non payable costs of scientific medicine for a great deal of the African population; people fall ill because they are poor and become poorer because they are ill.
1.8 Literature review

Introduction

There is very little literature available on traditional herbalists/healers among the coastal Fante. Therefore, in order to gain more information, I extended my search to other ethnic groups. In addition to the healer's descriptions, I gathered further information about the clientele of traditional healers, and about the diagnosis and healing procedures of herbalists.

I was also interested in the magic means, which fishermen apply for protection in order to increase their catch. For fishermen these means were mostly the motive to consult a traditional herbalist or priest.

Traditional healers and their clientele

Twumasi (1975:45) first goes back to the concept of traditional medicine and shows how the scenery has changed because of social change and the advent of scientific medicine. In his study he demonstrates that in the area of chronic diseases and mental illness, traditional spiritual healers and herbalists will be of great importance even in future. The traditional healer understands the fears and anxieties of the patients and so he treats the person as a whole, according to the unity view, which underlies traditional medicine. In the field of psychiatry the facilities of scientific medicine are grossly inadequate in Africa, therefore, traditional healers are often consulted for mental illness. Consequently, they perform an important social function (Twumasi 1975:90).

Field (1960) shows in 146 case studies of gravely mentally-ill patients, which she had taken in the 1950s in the village Mframaso, that mentally-ill patients go to a shrine and not to hospital. Field writes (1960:14):

"The picture of mental illness seen by the rural field-worker must be essentially different from that seen by the Mental Hospital Psychiatrist. The rural patient is never taken to the mental hospital, not because of any associated stigma, but because the illness is regarded as supernaturally determined and hence outside the province of hospitals."
Her study about mental illness in an African rural area is helpful to me, because, Ama, the woman healer, had also mentally ill people in her compound.

In order to attain a fruitful co-operation of scientific and traditional medicine, Twumasi (1975:137) stresses the point that further studies about the type of patients who frequent traditional healers need to be done. Additionally, the number of patients who actually receive cures from the traditional healers ought to be investigated.

### Diagnosis and healing procedures

The attack of evil forces on an individual takes various forms, resulting in sickness, disaster, sorrow, or death. Therefore it is important to know "how" something had happened and "why" something had happened, which further requires the intervention of a priest-healer, a diviner or a herbalist to find out the root cause of the disease. The way a diagnosis is made represents an important part of the treatment, which takes place on a psychological and a spiritual level. The healer tries to elicit the details of the illness in terms of cause and effect using special techniques, for instance, the "water-diagnosis" (which I also observed during my studies) (Appiah-Kubi 1981:22). The author writes (1981:75): "The traditional healer would, through divination, read the patient's mind, identify the problem, and take steps – with the patient's full participation – to resolve it."

The illustrations in Appiah-Kubi's book, showing the treatment of wounds and physiotherapeutic applications, are strong evidence that the treatment of sick persons performed at a priest's or a herbalist's, overlap and, thus, cannot be divided from each other.

### Medicines and their magic power

Field (1961:118) mentions the specific magic power of certain medicines. The ownership of these medicines is attached to ethical obligations and imposes taboos on the owner to be respected by him. Such medicines are used for fishing, hunting, trading or protection from thieves for example. The breaking of these taboos brings about not only the spoiling of the medicine but usually illness and the death of the owner. Appiah-Kubi (1981:37) writes about the importance of payment for herbal medicine:
"They can not be used without payment of a fee, however small. Failure to do so would, in fact, render the medicine useless."

Plants and Herbs

Abbiw has a considerable compilation of diseases and ailments and the corresponding plants to be applied for their treatment. The author pleads for an ongoing research into plant medicine because ingredients and composition of the medicines are mostly the herbalist’s secret and if he dies without written recipes, a wealth of knowledge is lost. In Ghana, universities and scientific research centers are engaged in various plant analyses under collaborative work (Abbiw 1990:119,124). His book was a valuable source for me in order to re-examine the botanical names and effectiveness of the herbs, which I collected in the herbalist Ayyuba Khan’s compound.

Fishermen and their magico-religious belief-system

One author who did field work among the Fante fishermen is J.B. Christensen. In a comparative study Christensen (1977:90) states that considerable changes have taken place in the socio-economic situation of the Fante fishermen. But concerning the use of magic means nothing has changed. He writes that in comparison to the 1950s, when each fishing canoe had a suman for protection, 25 years later 81% of the fishermen admitted they still had protective charms for their boats. These were primarily for protection against witches and were obtained from a remote priest or herbalist in order to assure the secret efficacy of the suman.

Field (1961:22) mentions a ceremony performed by fishermen on the occasion of the opening of the Tfili fishing season. In this ceremony the Fante fishing-gods, Tantrabu and Abodinkra are fed with yams and freshly ground corn; which demonstrates the maintenance and cultivation of a magico-religious belief-system. Two days after this ceremony the season’s Tfili fishing is opened, which has been forbidden for some months. The first catch is divided between the high priest and the hornblower. If it is a very large catch the healer may also have a share (1961:22).

Christensen (1977:74) describes traditional practices before a canoe could be launched. This could only be done with an appropriate religious ceremony. This
ceremony involves "outdoing" by which the canoe is given its name (although the name had already been carved). At this ceremony, foods, which are taboo and should not be taken to sea, are declared. Each canoe would have a suman (amulet or charm) to protect it and the crew against witches nyen. In addition, the crew members would usually have their individual suman to protect them and to ensure a good catch.

In Christensen's article "The Adaptive Function of Fanti Priesthood" (1959) it becomes obvious that the healing practice among the priest, okomfo, and the herbalist, adursinyi, in psychology and medical treatment and the application of medicine, are often identical. An obvious difference between the two healers' practices is that the adursinyi doesn't get possessed by a deity to find out the cause of the illness, but she/he makes use of divination. The author mentions that there is a co-existence of indigenous belief-systems and Christianity.

The last book I would like to present is by Lawson et al. (1974). They explain that poor catch or a rough sea can be an indication of the sea-deities' dissatisfaction. By mediation of a traditional priest or a diviner the request of the sea-deity can be interpreted and recommendations given about necessary sacrifices or rituals to be performed. They mention the fishermen's individual shrines, which all differ in form and shape (Lawson et al. 1974:62). In Accra the shrine consists of earthenware bowls, which contain seawater, seaweed, sand and fish particles. These hang from the walls of roofs of a compound and are frequently covered with white calico. The shrines are visited daily, but special reverence is paid to them on Tuesday, the day when every fishery rests to show respect to the sea-deity. This belief-system plays not only an important psychological and spiritual role in the fishermen's hard and often dangerous daily work, but also constitutes an argument against the industrial development. For instance, a member of the fishing-communities along the Coast indicated that the sea-deities would not approve the use of motor crafts (Lawson et al. 1974:64).

1.9 Methodology

The research methods used in collecting the data included the following:

a) Participant observations at two herbalists' compounds. (Observations were noted down in a notebook).
b) Unstructured interviews. (Responses were tape recorded in addition to notes).

c) Photographs of events were taken.

a) Participant observation and records using the note book

In the herbalist Ayyuba Khan Ahmed’s compound I participated in and observed the everyday life of the inhabitants, the modes of preparation of the herbal medicines and their selling on the fish market.

In the herbalist Ayyuba Khan Ahmed’s compound I collected the composition/ingredients of the herbal medicines, the botanical names of the components and their effectiveness. All data were later re-examined at the Institute of Botany of the University of Cape Coast.

In the healer/herbalist Ama Sakyewa’s compound I recorded, in nine case studies, the treatment and course of healing of the inpatients during three weeks of observation. I also recorded the treatment of the outpatients, the counseling of the advice-seekers, and the supply of fishermen with haul-increasing herbal decoctions during the consultation hours of Ama Sakyewa. Whenever possible, her dialogues with the patients/advice-seekers were either noted or recorded with a tape-recorder. All the notes were always worked through and classified later.

b) Unstructured interviews

I interviewed the herbalists, Ama’s patients and the inhabitants of the compounds in order to elicit important responses from open-ended questions. In cases when the interviewee did not speak English, I had to rely on translators. In cases when I doubted the translation, I checked it by cross-interviews. A tape-recorder was used for the interviews in order to recall, work through and write down the interviews.

c) Photographs

Some events were captured with a camera.
1.10 Problems encountered

a) The most important problem was my rudimentary knowledge of Twi. So I had to rely on translators.

b) Often the mutually agreed dates for interviews were not respected, because the translator or the informant could not say: “No, I don’t have time.”

c) During my research in Ama’s compound the translator at my disposal turned out to be unreliable concerning the secrecy of what had happened in the consultations. The consequence was a violent quarrel in the compound and breaking off of his service. It was quite difficult to find another translator.

d) Answers were sometimes given in a cagey manner and sometimes they were wrong. I checked them by cross-interviews. Sometimes it was difficult to obtain the answer from a man because of the gender difference.

e) I could not uninterruptedly observe the inpatients since I did not live in Ama’s compound.

f) It was difficult to be together with seriously sick people in such a narrow space.
1. The traditional herbalist Ayyuba Khan in his compound

2. The traditional herbalist Ama Sakyewa, her husband and her brother
Part II of the research report: The herbalist *adursinyi* Ayyuba Khan Ahmed

Ayyuba calls himself herbalist, *adursinyi*. He stresses that he heals without the help of spirits, he says: "I trust in God only." In his dreams and meditations he sees images of herbs to be applied for certain patients. He affirms that he sends his medicines to distant regions of the whole of Ghana.

2.1 Ayyuba's biography and vocation:

Ayyuba Khan Ahmed was born on December 5th, 1962. His father Ibrahim Khan Ahmed and his mother Barikisu Ahmed were members of the Ahmadiyya-Community. According to Ayyuba, his father had 40 children from 4 wives (the brothers living on his compound are all half-brothers, same father, different mothers). Besides 3 sisters Ayyuba was the only son of his mother. For two generations members of the fathers line were active healers. Ayyuba said: "In every family of our clan one of the sons has been chosen by God to continue the healing activities." He learned the herbal knowledge from his father and uncle. The uncle trained many healers in Accra and is still nowadays a well-known healer. According to Ayyuba, his uncle has cured approximately 4000 sick persons. In Ayyuba's opinion it is easier to heal believing than unbelieving Muslims.

Ayyuba attended the "Missionary-Elementary-School" in Abora/Cape Coast until he was 15 years old. He continued at the "Technical Institute" in Kumasi. After 2 years he finished with a "plumbing-diploma" Afterwards he got an Islamic education in an Islamic school and, to complete this education, he entered the "Ahmadiyya Missionary Training School" in Saltpond. However, after 5 months he left the college because, besides his religious studies, he missed the possibility to apply the herbal knowledge he had acquired in childhood. Since entering elementary school, the knowledge of herbs dominated his imaginations. In those days he already prepared and tested his own herbal mixtures. He told me: "I was born with the ability to prepare herbal medicine." His father disagreed vehemently with his intention to leave the college since he wanted his son to be engaged in missionary work for the Ahmadiyya
Community. However, later on his father consented, it was important for the son to find his own way of life.

I cite the passage of a self-portrayal on the occasion of his visit to the University in Basel:

"I had a dream one day whilst in the College that I was in thick forest picking some herbs. I brought home the herbs and prepared some drugs for some days. So I had to contact my father who was a native doctor at our village. My father requested to know from me if I could identify the type of herb in the forest. Both my father and I went to the forest and I was able to identify the herb in the forest. I then decided to stay with my father, after preparation of the drug to enable me know more from him. I stayed with my father at a ripe age and learnt more from him until he was about to die. He called all the family and told them of the experience, he blessed me and told me to help the needy in time of need."

Later on Ayyuba moved to Kumasi and on the local market he sold considerable quantities of his first, self-developed product. He told me with pride: "That's where I bought my first car." Between 1988 and 1990 he travelled around in the Accra-Abora/Cape Coast area in order to sell his medicines. In 1989 his daughter Hadjara Ayyuba was born. In 1990 he married Rahmed Ayyuba and henceforth stayed on his father's compound. Two years ago his father died and since then Ayyuba has been the head of the compound.

As soon as Ayyuba gets money again he plans to establish several tourist rooms. He says: "I am convinced that the profit will be good, since the road leads to the National Park." He continues: "If you dispose of enough money in our Cape Coast area you can buy a "chemical certificate" and a drugstore and, without being a pharmacist, you can sell your own medicines prepared from African herbs. I plan to establish such a store on extending my compound; however, I will not call it "drugstore" but "herbal store."
2.2 The compound of the herbalist and its inhabitants

Although I knew that I would have to contact another traditional healer, I started my research work in Ayyuba’s compound because I wished to take up the preparation of different herbal medicines. Since Ayyuba’s brothers lived in the compound, which was also my own domicile during the field research period, and since they produced the medicines in the courtyard, I wanted to get familiar with the inhabitants of the compound. Therefore I took up Ayyuba's compound, its inhabitants, their familiar relationships. The interrogations were rather amusing because the persons questioned were often not sure, even among themselves, how many children were living on the compound and what their names were. Some of the children seemed to be present only part of the time, the rest of the time they stayed somewhere else together with their mothers. Ayyuba was the only person on the compound who spoke English and so I had to rely on him as my informant for all daily activities of the herbal centre and the preparation of the herbal medicines. Very often I had to wait in vain for an interview mutually agreed upon. It was difficult to come to agreements with Ayyuba because he often postponed interview time instead of replying “No” to my repeated request for an interview until I found out that he actually had no time for the interview at that time.

The courtyard was the workplace for preparing the herbal medicines and performing the chores. It was also the meeting place for social life. I participated in the everyday life of the inhabitants since I performed my housework in the courtyard that served all inhabitants as a work and living place. I drew a map of the compound and I numbered the rooms with their occupants.
2.3 Composition, preparation and effect of some herbal medicines

For the preparation of his medicines Ayyuba needs to be supplied with special herbs, barks, leaves and roots. Three suppliers in Abora/Cape Cost go to the “forest” to fetch these ingredients. One of them has to go to remote regions. These raw materials are consequently expensive. Furthermore, Ayyuba needs a license of the “Traditional Healers Association” in Accra, enabling him to sell his own medicines. The licence has to be renewed every year in Cape Coast by the payment of a fee. Each new medicine has to be tested in a laboratory in Cape Coast for tolerability, effectiveness and quality. A fee has to be paid for the tests. Only when released for sale can Ayyuba sell the new medicine.

I had the opportunity to visit the Department of Botany at the University of Cape Coast, to see its laboratory and the documentation of most medicinal herbs being found in Ghana. I also saw the greenhouse and the botanical garden of the university. The botanical names of the herbs, leaves etc. are from Ayyuba and a biologist, working at the University of Cape Coast. I verified them from a book about the plants of Ghana (Abbiw 1990). I interviewed Ayyuba on each one of the medicines whose composition, preparation, effect and application is described below.

Actually, Ayyuba’s brothers and the “social brother” only produce the fast saleable “Lionsblood Tonic” and a few other medicines. Kwesi Abdullah Ahmed, Alhassan Ahmed and Ibrahim Smith, the social brother, bring the bottles in a taxi and a handcart to the market. However, the quantities had to be reduced (because of the difficulties mentioned in the introduction), thus, the financial situation worsened.

For the preservation of Lionsblood Tonic, the brothers buy used glass bottles on the market. Ibrahim Smith in Accra buys plastic covers. The three brothers wash the bottles carefully three times. Ayyuba told me: "The tonic has everywhere an excellent reputation, so I cannot admit an unclean bottling." The inhabitants of the compound take two spoons of Lionsblood Tonic per day.

**Lionsblood Tonic**

Its effect is described on the label: “Especially for haemorrhoids, hernias and rheumatism.” In addition for
problems of eye sight, menstruation problems,
- chest- and backache, constipation,
- potency problems, blood purification.

The following ingredients are cooked in the courtyard in an iron kettle over an open fire for three to four hours:
- 3 handfuls of seeds and pods of *Akonkyerew-akonkyerew* (*Paullina pinnata*),
- about 1 pound of the bark of *Emire* (*Termineira aborisis*), chopped in small pieces,
- about 3 kg of strips of *Dubini* (*Khaya ivorensis*) a species of mahogany, pounded in a wooden mortar with a pestle,
- 5 handfuls of leaves of *Odubrafu* (*Moraea micrantha*),
- 2 handfuls of leaves of *Sinduro* (*Alstonia boonei*).

Afterwards the liquid herbal mixture has to cool down. It is filtered through a sieve, 60 x 50 cm covered with a cheesecloth. Two mugs of honey are added to the filtrate.

Besides Lionsblood Tonic, I documented four other productions of herbal medicines, two of them for digestive and stomach troubles and two aphrodisiacs.

Two medicines for digestive and stomach troubles
(The medicines have no specific names since customers ask for medicines for their specific ailments).

The first one is also taken for backache; it seems that digestive troubles are regarded as a cause for backache. Once I observed Alhassan filling an enema pump with a herbal solution. His answer to my question whether he had intestinal problems was: “No, I have backache.”

1st Medicine:
- 4 handfuls of root bark of *Kuntunkuri* (*Lannea acida*) cut in pieces,
- 1 fresh ginger-root *Akadur or Kakaduro* (*Yiniber officinale*) cut in small pieces,
- Juice of 5 fresh limes.
Steep in alcohol for two days. Take two spoons per day. These ingredients can also be steeped in coffee. However, the extract is stable for 3 - 4 days only, but orthodox Muslims can take it.

2nd Medicine:
- 2 handfuls of leaves of the cotton scrub Asaaba (Gossypium arboreum),
- ½ coffee-spoon of pepper,
- lime juice and water,
- a little bag of Alam, a white powder to be bought on the market; it helps conserve the herbal mixture.

After two days of extraction take one spoon per day.

Aphrodisiac for male Africans

Tiger nuts (Cyperus eculentus),
- 2 tea-spoons of root bark of Kuntunkuri (Lannea acida), cut in pieces, milled and pulverized,
- 2 tea-spoons of Entuadu (Caparifera salikounda), cut in pieces, milled and pulverized,
- 1 fresh ginger root,
- 1 dried pepper pod.

Mill together all ingredients, mix them with a glass of water and apply an enema with a rubber pump once per week. A stimulating reaction should start after one hour and persist for up to three days. I was told that the medicine is suitable only for Africans but not for Europeans because of an irritation of the intestine.

Aphrodisiac for male Europeans

Same ingredients as above except the use of pepper. Mix with alcohol; drink twice per day two-tablespoonfuls of the mixture in a glass of water. Both medicines have to be taken for 4 - 5 weeks according to the duration of the potency problems. If the individual is without such troubles, and the medicine is being used as a stimulant, taking it once is sufficient.
According to Ayyuba, a European student once described the reaction as follows: “It is effective like thorn-apple. A small dose increases the empathy, stability and emotions like ecstasy. I slept well afterwards. A high dose creates euphoria and leads to hallucinations.”

Two tablespoons per day are regarded to be a small dose. A high dose consists of:
- 4 tablespoons in the morning,
- 4 tablespoons at noon,
- 1 tablespoon in the evening,
- 1 tablespoon at night.

Aphrodisiac for women
(for Fluor albus = leucorrhoea as well)
- leaves of *Gyamma or Onyame dua* (Alstonia boonei), pounded in a wooden mortar,
  - let the leaves rest for 3 days,
- *Alam*,
- a lot of limes,
- *Pepe*, cloves.

Ibrahim Smith mixed two handfuls of the pounded Gyamma or *Onyame dua* leaves with the juice of 20 limes, 1 tablespoon of *Alam* and 6 *pepe* on a big stone. The mixture was ground with a small grindstone for approximately 20 minutes until a fine paste resulted. He formed elliptic cones of about 3 cm and let them dry. After two days they were hardened. For using the cones as aphrodisiacs, they are rubbed again on a hard stone together with some limejuice. A small dose of the rubbed off paste is taken up on a cotton wool and applied to the clitoris and into the vagina. It is said that the clitoris is made hard by the paste, this to increase the sexual stimulus.

Ayyuba and his brothers sell this aphrodisiac on the market. I asked him whether it is not difficult for a man to sell this remedy to a woman. He contradicted this by saying that, firstly, the remedy is sold without shouting, it is self-selling by mouth-to-mouth propaganda. Secondly, African women are different from European: if a remedy makes them happy they would ask for it again and again. I could abstain from
commenting. However, his statement was later on contradictory to his behaviour, towards two women who asked for a medicine for sterility. He did not give the medicine directly to the woman but rather used his sister. He told me afterwards: “In this case it is easier when a woman hands over the medicine.”

03. Pounding the herbs for the production of Lionsblood-Tonic
04 Cutting the herbs for the production of Lionsblood-Tonic

05 Boiling Lionsblood-Tonic in an iron kettle for two hours
06. Thorough cleansing of the bottle

07. Bottling of Lionsblood-Tonic
2.4 Selling the medicines

On August 6th 1998 I participated in the sale of the medicines. I accompanied Abdullah and one of the helpers during a market-sale of Lionsblood Tonic in Elmina. Taking two boxes of tonic in a handcart and a megaphone with us, we went by taxi to the fishing boat quay where the fishmongers, exclusively women, carry out their business. The area is fenced and we had to pay an entrance fee. I was inspected rather piercingly since an obrom (white) is an unusual appearance in this enclosed area.

Abdullah praises his product with great persuasive power. He demonstrates to each group of clients by taking a mouthful from the test-can, which the helper has to carry. This test-can is used to serve the customers.

Ayyuba told me later that the seller has to take the first sip himself in order to convince the customers that the tonic is non-poisonous. Later on I observed the same procedure among other herbalists. The fishmongers taste eagerly. We stay about 20 - 30 minutes with each group (altogether six groups), each time selling 6 - 7 bottles. The medicine costs 1000 Cedis per bottle (1998: about 0.45 US-$. I was informed that the sales price depends on the salesman and the sales area. Ayyuba himself demands 1500 Cedis per bottle arguing that he has higher transport expenditures with his car and that his income is higher than that of his brothers.
Advertising Lionsblood-Tonic on the market
10. Customers taste Lionsblood-Tonic
2.5 Interviewing Ayyuba

I interviewed Ayyuba in order to complete my observations and to get some answers to unanswered questions:

Q: “How many medicines do you prepare?”

A: “I have many medicines for stomach and intestine troubles, headaches and dehydration, in addition some herbal mixtures for skin diseases. I prepare the medicines as pills, powders or cones to be rubbed off. However, I can produce this variety only when I have time and money.”

Q: “Yesterday your brothers went to different remote villages, some in a distance of 40 km, they will stay there for 3 - 4 days. Is it profitable to make these trips?”

A: “These villages are so far away that the inhabitants can rarely visit the markets or go to a hospital or a doctor. Besides that they mostly can't afford the money for these facilities. However, people have used my medicines for many years and some of them had been buying from my father. That's why my brothers and I go to these villages every 3 months. We stay there for 3 - 4 days. The trips are interesting. We get much information and, besides that, it is a change in our day-to-day life.”

Q: “I observed that Ibrahim Smith, unlike your brothers, prepares other medicines. Why that?”

A: “Ibrahim is a 'social brother' who had lived with me for many years. That's why he already has a profound knowledge of herbs. However, he does not yet know all my herbal medicines. I will continue teaching him to prepare additional medicines. Alhassan and Audu just know how to prepare Lionsblood Tonic and I will teach them to prepare other medicines as well. Besides that, I am developing and testing new compositions. The other night, I dreamed of a new composition, so yesterday I bought a new herb from a man who fetches medicinal plants in the forest. My third brother Enussa is also able to produce Lionsblood Tonic, but he prefers to stay with me, driving and running errands.”

Q: “Do you always draw your inspirations from dreams?”

A: “No, sometimes I just sit, think and meditate. I obtain new ideas for special compositions or I have a vision of a new herbal mixture during my meditations, since I was born with the talent to find out new compositions of medicines for
special ailments. If a patient comes to me with a disease, I can tell him, because of my special gift, which mixture will cure the disease." Ayyuba continues: "As soon as I have an idea, that a specific composition might be effective for the treatment of an illness, I prepare the medicament and I send it to the government's "Herbal Office" in Cape Coast to have it tested. However, the well-established medicines continue to sell since many patients ask for these because they have proved successful over time."

2.6 Findings in Ayyuba Khan's compound

In Ayyuba Khan's compound, the herbal compositions, their preparations and medical properties were investigated. The following conclusions can be made.

Ayyuba comes from a family of healers. He inherited the gift of producing medicine. The knowledge about herbs and their effects was handed down to him by his father, his grandfather and his uncle. He additionally informs himself at the university of Cape Coast about the contents and effects of the necessary ingredients. His several kinds of medicine are sold only after they have been tested at the laboratory in Cape Coast.

For the preparation of his several types of medicine, Ayyuba needs to be supplied with special herbs, barks, leaves and roots (for a detailed description, cf. pp.23-25). Three suppliers in Abora/Cape Coast go to the "forest" to fetch these ingredients for him. One of them has to go to remote regions. As a consequence, these raw materials are expensive. Nevertheless, the production of the medicine yields the biggest part of the income of the healer and his extended family. He also employs brothers and a social brother in his enterprise. Still, an unforeseen event, like e.g. a car accident and the cost resulting from it, can endanger large-scale production with consequences for the income of the whole extended family.

Since during my research period, no patients came to the compound, I could neither investigate his clientele nor study the effects of the several types of medicine. However, at the market, I observed that his long-standing customers are mainly female fishmongers. Besides, he supplies remote villages with his products. The Lionsblood Tonic, in which the healer specializes, is taken prophylactically or in the case of everyday physical indispositions. Neither are the other types of medicine investigated...
by me used in the case of severe illnesses, but they are meant to cure everyday physical ailments. In an interview (cf p 84) the healer remarks: “I have specialized in Lionsblood Tonic. It is a matter of the type of suffering that makes people choose one or the other healer. Sometimes, I send people to Ama, particularly the mentally ill ones. Sometimes, she sends people over to me when she thinks that Lionsblood Tonic would be the right thing.”

Part III of the research report: The traditional woman-healer, Ama Sakyewa

Field Experiences

I had the intention to execute my research work with a practising traditional healer. Discussing the actual situation with Ayyuba, I told him that I wished to take up everyday-traditional healing treatments; subsequently, he introduced me to Ama Sakyewa, a sixty-two-years old woman, who comes from Mankessim. From age ten until her marriage she lived together with her grandmother, from whom Ama acquired her herbal knowledge. These days Ama is a well-known healer and herbalist, she calls herself an adursinyi. She has five adult children, four daughters, one son and eleven grandchildren.

Together with Ayyuba I went to see Ama in Nsuakyi, a village in the outskirts of Abora. We arranged with Mrs Sakyewa, her younger brother and her husband, that in the mornings I would be with her during her consultation hours. We also agreed to solve the language problem with the presence of a translator. Isaac Bortsie, whom Ama calls “brother”, would assist with translation part-time during the medical treatments and consulting hours. In practice however, this arrangement proved difficult. Isaac did not appear regularly and from August 4th, he stopped coming because of difficulties he had with Ama’s husband. In addition Ayyuba would be present from time to time. This would help verify the translator’s statements during occasional cross-interviews.

The English speaking patients and Adwoa, a young woman living in the compound, were a great help to me when no translator was present. On such occasions I had to confine myself to precise observations. However, I realized that the body
language of the healer and the patients signalled ways in which I could follow the
dialogues. Additional interviews of the translators verified the frequent correspondence
of my findings and interpretations. Later on sometimes I had the feeling that I directly
understood the dialogues and events.

From July 16th to August 10th 1998 I made my notes during the consultation
hours (9 o’clock a.m. until 1 o’clock p.m.) of the outpatients. I also recorded the
treatment of the inpatients in the early morning. At the same time I could observe the
day-to-day life in Ama’s compound. All these observations are described in the
following sections.

It is important to mention that, according to Ayyuba, many herbalists in Ghana
developed their own healing approaches and methods.

3.1 Ama’s biography and vocation as a healer
(Interview with Ama, translated by Ayyuba)

I asked for Ama’s biography and I wanted to know above all how she became a
woman-healer. Ayyuba translated:

“My parents are Muslims. I converted to Christianity and became a member of the
Pentecostal Church. Prior to my healing activity, which I took up at the age of 40,
after my grandmother’s death, I was a petty trader. As a result of careless ventures
and the lending business I ran into debts and was reported to the police. I fled with
my family to the home-village of my husband hiding from the creditors. We lived
from the meagre farming income of my father-in-law’s compound.”

The resulting poverty must have been a great strain for Ama. In tears she gave me a
detailed account of how, for a long time, she did not even own a complete gown.
When people entered the house, she did not dare to get up since the shred of cloth she
wore did no more than cover her.

Ama’s grandmother, a herbalist, heard about her extreme poverty and she asked
for Ama to come to Mankessim because she had the intention to make Ama her
successor. However, Ama did not want to take up this activity because she thought
that her Christian belief would not allow it. During the next visit the grandmother
asked her to come back with her mother and she announced her own death for the
Wednesday to follow. At first Ama did not want to believe her, nevertheless she came back on the following Tuesday. One day later the grandmother died.

A short time later the grandmother appeared in Ama’s dream. She carried a kettle with herbs on her hand and again urged Ama to succeed her as healer. Ama, in her dream, refused arguing that she would then have to give up her Christian belief. But the grandmother contradicted her and said she was merely not permitted to sacrifice animals. The grandmother then prepared an herbal bath for Ama throwing several coins into the water. She also taught Ama the method of "water-divination" and gave her a bible with a key stuck in (both described below). Next morning, Ama’s husband woke up very early. When he went out, he saw the courtyard covered with herbs, Ama’s bed was wet and full of herbs from the nocturnal bath.

One week later Ama had a second dream, the grandmother appeared again. She cut the skin of Ama’s forearm and rubbed in some medicine. Ama showed me the scar, which was scarcely visible. However, even after this event, Ama was not yet willing to take up an activity as a healer although her husband pressed her to do so, and she had began hearing voices revealing to her the effects of herbs.

One month later a woman accompanied by a sick child visited Ama. The woman told her that she had met an old woman in the trotro (means of public transport), advising her to go to Ama together with the sick child. The old woman even accompanied them to the village where Ama lived. Ama denied being a healer but the woman with the sick child insisted upon Ama’s help. The child became Ama’s first patient and was cured.

This first success got around and more and more patients visited her. There was a wealthy man from Elmina among them. He had lived in America and had become mentally ill. After having been healed by Ama, he bought her the piece of land where she still lives today.

Ama is still a member of the Pentecostal Church. There is no opposition in her parish against her healing activities.

I asked her whether, besides giving herbs, she also used prayers for healing. She answered “Yes, in special cases.”
I also wanted to know how the patients paid Ama. She just answered that she had to pay those people who, after having been instructed by her, go and bring her the appropriate herbs from the forest.

During this interview Ama talked with much routine, providing many details. Afterwards we went over to the consulting room. At first, Ama asked us to bend our heads; she said a long prayer, which was not translated by Ayyuba. She asked for my name several times. Even Ayyuba had to mention his name although she knew him very well.

Besides the "water-divination" Ama uses the "Bible" as pendulum, a real bible bound up to a roll with coloured ribbons and covered with a piece of lace curtain. A key is stuck through the curtain, the key-bit inside the "Bible". The "Bible" is used as pendulum. When Ama wants to consult the pendulum she sticks the key-head between two fingers, and asks Yes-/No-questions. When the "Bible pendulum" turns to the right this means "Yes", if it does not move it means "No".

3.2 My entrance into Ama's compound (16.7.1998)

Ama Sakyewa lives, together with her husband, temporary visitors and the inpatients in a rather small compound. Former patients come and see her from time to time and they stay with her for a couple of days. For example, a woman stays in the compound because her husband is absent on a business trip. She is still very young and pregnant. She has to do housework for the seriously sick patients and she has to take over chores for Ama.

Sometimes I also observe women accompanied by their children. They visit Ama out of gratitude because they got pregnant only after a medical treatment. I asked one of these women for the duration of her treatment. She answered that she took herbs for three months and then got pregnant.
11. The traditional herbalist Ama Sakwewa in her compound

12. Ama’s herb garden
The rooms of the compound are grouped around a small square courtyard, which serves the patients as living and waiting place. The courtyard is slightly sloped to the garden, thus, each morning, after the floor is cleaned, the washing-water flows into the garden through a hole in the wall, which allows for a rapid clean-up. Next to the sleeping room of Ama and her husband is a visitor's room, comfortably equipped with a bed and upholstery. This room is reserved for former patients or Ama's grandchildren. It is sometimes converted into a "baker's kitchen", or into a second reception room, or into an additional patients' room by pushing the furniture or mats to the middle of the room or to the walls. Twice per week in the morning, four young girls prepare up to 300 cakes from dough prepared in a bowl in the kitchen. The cakes are spread out on the floor to be baked in the afternoon. Next day the cakes are sold on the market by one of the helpers, the profit belongs to Ama. Isaac told me later that it was necessary for survival to perform several activities. The helpers (young girls) are either grandchildren or children of inpatients or young patients living in the compound for further observation, or children of former patients who could not pay for their treatment. Ama's helper children often have to do service work for the adults. From time to time they obtain a small coin, so they can buy small things for themselves.

Four rooms follow the visitor's room. They are the lounges or sleeping rooms for the patients grouped around the courtyard. There is also a separate room for the mentally ill. According to Isaac, since they are stigmatized, the entry to their room is outside the compound. There are fewer men than women among the inpatients therefore the men have just one room at their disposal. The only male helper also sleeps in this room. An additional building is under construction in order to house further patients or to have more waiting or consulting space. The compound has an electricity supply. In one room, there is a TV-set for all inhabitants of the compound. In the patients' rooms, 12 to 15 square metres in size, two to five persons sleep together with their children and/or relatives. If the patients are not able to look after themselves their relatives have to take care of them. There are no beds; the patients and their family members sleep on bast-mats, covered with cloths.
In the daytime the physically ill patients stay in the courtyard, the mentally ill have to stay outside. The patients use the rooms just for sleeping or occasional withdrawal.

The patients do not need to leave the compound for supply of food or other goods. Every morning sales women or children appear offering food, clothing or household goods. One day another herbalist came to the compound to sell Ama some medicines for a total sum of 2000 Cedis. There is a kitchen in the compound, mostly used, however, for decocting herbs or cooking the meals for Ama and her husband (in Ayyuba's compound the kitchen is also reserved for the compound head and his wife). The patients prepare their meals in the courtyard. A small consulting room serves the healer as a workplace. One of the walls is decorated with a large picture of Jesus Christ. Ama is a Christian and a member of the Pentecostal Church. This picture is partly covered by a certificate confirming that among many candidates – Ama does not know how many – she was honoured as “Best Traditional Healer” in 1995. The certificate is signed by representatives of the “Healers Association” in Accra, Kumasi and Akropong. Sacks with different herbs, barks and roots, which smell pleasant, are piled up along the walls. Ama sits on a stool, the “Bible pendulum” and the kettle with water for the “water-divination” beside her. Opposite her stool there is a bench for three to four persons and a window looking out onto the herb garden, where Ama herself cultivates the regularly applied herbs. Additionally, two suppliers go to the forest to fetch other ingredients. From time to time a helper goes to the market to buy particular herbs and roots. In this garden she also treats patients with infectious wounds. Sometimes the door of the consulting room remains open; thus the patients waiting outside can listen to the consultation. I noted how intensely Ama observed the patients while they were still waiting for the consultation.

Not only physically and psychically sick persons as well as people who seek her help in difficult life situations come to Ama's healer compound, but also persons who want to find out whether “bad spirits” or witchcraft might be the cause of their illness. For me, as an observer, it was difficult at the beginning to find out the true motives of the consultants. That is why I call these persons outpatients or advice-seekers since
Ama in any case includes the body, the soul/psyche and the general context of the concerned into her treatment.

Having taken off my shoes I entered the diagnosis-room for the first time. Ama asked me to sit down on the patients' bench. She showed me the certificate with pride in her voice. Besides the sacks with herbs, barks and roots I could see calabashes and other small objects, the meaning of which I did not know.

Isaac told me that the herbs had to be fetched, in some cases, from as far as Kumasi. Ama had to pay the suppliers immediately, some of the herbs were very expensive because of the great distance.

Isaac asked me about what I intended to do during my stay in the compound. I replied: "I will make notes about everything I observe and, if a translator is present, I will note the dialogues between healer and patient." Ama asked me whether I would also like to learn her healing activities. My reply: "This will be impossible because, firstly, I do not have the talent to be a healer; secondly, the African herbs do not exist in Europe; finally, my stay in Ghana is limited. Moreover, I am quite aware of the fact that, besides a vocation, a lot of time and experience would be necessary for the development of such a healing activity." I continued saying that I would write down my notes in Basel, so other people might get an idea of the methods of treatment of one of the many herbalists in this area. Moreover it was compulsory for students of anthropology of the University of Basel to undertake a field research. I was convinced that everything I saw and learned in her compound would be important to me and it would be very valuable to me to take up a different method of healing than the one I was familiar with in the European culture.

After Isaac had translated my intentions and methods, Ama immediately checked my objectives with the "Bible" in order to find out whether my intentions were really honest and they were confirmed.
13. Ama Sakyewa’s healer certificate

14. Ama’s consulting room
Below are important general statements of Ama (interview translated by Isaac):

1. Herbs have their own time of maximum power. That is why some have to be picked in her herb garden at a specific time and given directly, sometimes even before sunrise. Ama gets up at 4.30 a.m., sometimes even at night, she looks for the patients and if one of them needs a fresh herb, she gives it to him/her immediately. Some herbs lose their power on drying; some gain power on drying.

2. All herbs have their own “language” and specific power. A good healer is able to understand the “language” of the herbs, so they can find out the right herb, bark and root or leaf convenient for a specific disease or ailment. For instance, as a herb of power, Ama mentions the herb *yiyad* which, during the yams feast, is placed in a bowl and then carried on the head. After a short time the herb causes a twitching and shaking of the body of the carrier. Later on Ayyuba confirmed this statement. Ama adds that she hears voices from time to time revealing to her the effect of special herbs for certain diseases.

3. Ama tells me that she produces a special herbal mixture that attracts fish. That is why fishermen often visit her. They spray the herbal decoction into their nets. For long lasting fishing tours they fetch great quantities of the solution in canisters. Besides, for payment they bring fish as part of the fee. I witnessed the large catches they made with this solution.

4. Isaac said: “It is important that the herbs are pounded with a wooden pounder on a millstone instead of being pounded by machines, because this might reduce their power.” Later on I asked Ayyuba whether he could confirm this statement. He replied: “In our area such machines are not yet known, so we don’t have any possibility to make a comparison. I myself would very much welcome such machines in order to produce larger quantities of medicine with less effort.”
5 I ask Ama how many inpatients she treats on average. She answers that she takes care of six to ten inpatients day and night. I could not find out during my whole stay, how much money they had to pay for their medical treatment and their stay in the compound.

The consulting hours for the outpatients take place every day except Fridays and Sundays from 9 o’clock a.m. to 1 o’clock p.m. The first consultation lasts about 30 to 60 minutes, the subsequent ones about 20 to 30 minutes. She intends to have more inpatients as soon as the building under construction is completed.

3.3 The case studies of the inpatients

Because of the complexity and variety of the treatments, I abstain from any selection and describe all cases in detail, one case study for each patient, containing the order of events for the period July 16th to August 10th. The final status of each case, after three weeks of observation, is summarized at the end of this chapter. Most inpatients treated during this period had little or no school education and spoke no English. I had to interrupt my observation from August 4th to 6th because of a dispute, as described below in chapter 3.4.

The treatments of the outpatients took place during the same period. They are described in chapter 3.4.

In the following cases I describe the course of illness of nine different patients. They are characterized by type of illness instead of names in order to protect their personality:

Case 1: woman, with paralysis,
Case 2: woman, with rheumatoid arthritis,
Case 3: woman, with tropical disease, trucu,
Case 4: man, with yellow fever,
Case 5: man, with depression,
Case 6: woman, with an unidentified, psychosomatic ailment.
Case 7: woman, mentally ill, her feet tied with a rod,
Case 8: man, with a deep wound in the bottom of the foot.
Case 9: Emmanuel, a boy with measles
Case 1: woman with paralysis

Personal data

The patient is a 60-years-old widow who lives in Elmina. She has five adult children and several grandchildren.

Her illness on entry

At the end of June her daughter came with her to Ama’s compound. She suffers from a partial paralysis of her left arm and leg. Her arm is thickly swollen and she can’t lift it. She drags her left leg.

First meeting

July 16

The patient is very obese. Isaac translates Ama’s statements: „She could only walk strenuously on crutches when she arrived at my compound. Her fingers were completely paralysed. Now she still drags her left foot and supports her left arm with the right hand. But she can slightly move her fingers and she can walk now without crutches.”

Ama feels her fingers very carefully and gives her a bunch of onions looking like flower bulbs. The patient chews them very slowly for 30 minutes. The young male helper massages her left arm, going down from the shoulders to the fingers, rubbing very gently. Afterwards he fetches a great palm-leaf in Ama’s garden; he cuts off the rib and pounds the herbs in a wooden mortar. Another helper mills the rest of the onions and some herbs on a millstone in order to obtain a fine paste. Both ingredients are mixed and applied on the great palm-leaf. The female helper wraps up the forearm and hand in the palmleaf. Ama controls the distribution of the herbal mixture and rubs most of the paste around the fingers until they are completely covered. The same procedure is done with the left knee. Afterwards both limbs are tightly bandaged with coloured cotton strips, which Ama has torn off from used cloths.

I ask how long those bandages will be kept on the limbs. Isaac says: “For three days” The patient says: “The mixture feels cold.” After 30 minutes the arm starts trembling. Isaac explains: „This trembling is a sign of the power of the herbs; today is the tenth treatment”. Ama adds: “It is correct that the treatment is repeated, however, I apply a different herbal mixture according to the status of the limbs.”
I ask Ama which kind of herbs she applies. She answers: „The mixtures are composed anew every day according to the status of the illness and the spiritual revelations of my grandmother."

July 18

The bandages have been removed, although today is the beginning of the 3rd day after application. Since on July 16 I was informed that the bandages would be kept for three full days I ask for the reason. The answer is the following: „We have to remove the bandages because of skin irritation.” A healing ointment is applied on the reddened skin.

Ama gives the patient instructions to train her arm. She should raise it bit by bit on touching the wall. This procedure was not strange to me since I repeatedly observed this exercise in the Basel-Hospital during physiotherapy of freshly operated breast-cancer patients. The patient was to repeat this exercise every two hours, but she was not enthusiastic about it.

A vehement quarrel begins between Ama and the patient. Ama demands that the patient’s grandchild should be called from Elmina in order to take care of the grandmother. The healer is no more willing to have her own “assistant-children” do the body care and bandages.

July 21

The status of illness has not changed. The patient has no bandages; she refuses to perform the physical exercises. She looks apathetic. But she still eats a lot of fish soup. The cloth wrapped around her body is dirty. She radiates an unpleasant smell.

July 23

The patient feels better today. Her grandchild, a girl, is present now. She has to take care not only of her grandmother but also has to take over other chores in the compound, for instance, cleaning the courtyard and milling herbs for Ama and other patients. The grandchild mills a herb on the millstone and applies the resulting paste onto a cloth, which she hands over to the patient No. 8 (deep wound in the bottom of the foot). He goes to the kitchen to fetch further herbs and vanishes into his room. This and other episodes demonstrate that the relatives are not only responsible for their own family members but for others as well.
The 12-years-old girl looks after her grandmother the whole morning. The grandmother asks the girl to style her hair in a new manner. Afterwards she looks around, obviously very content and proud of her new appearance.

July 25
At 6 o'clock a.m., I see the patient walking around in Abora, i.e. two km from the healing compound in Nsuakyi! Later on I inform Ama about this observation and she answers: "Yes, I instructed that she has to walk and move around." I also note that the more the patients move the better the healing progress is. The patient's activity improves the blood circulation and as Isaac informs me: "The "bad spirits" have less chance to invade the patient's body."

When I arrive at 7.30 a.m. at the compound, the patient has returned. Her grandchild is washing her. Afterwards Ama tells the girl: "You have to perform a pressure massage applying a cloth in order to eliminate the congested water in the patient's limbs" (similar to the Western lymph-drainage, author's remark).

July 28
The grandchild and the helper boy renew the bandages with the herbal mixture. The patient is not in a good mood; she looks sleepy and often goes to her room for a rest.

August 2
The patient sits quite lethargically in a corner, her hair untidy, she keeps her eyes closed but she is not asleep. I ask her: "Don't you feel well?" Isaac translates her answer: "Not really, although I feel a little better than at the beginning. I am still not in the mood to move around."

Ama joins us and says: "Healing cannot advance, if you (the patient) don't respect my orders even if you are not in the mood to do so. You have to follow my instructions and move, move, move."

August 4
She is quarrelsome today and scolds her grandchild and two patients. The bandages are applied anew. She doesn't stop quarreling and seems to be in a very discontent mood.
15 Ama supervises the application of bandages of inpatients

16 An assistant applies a bandage on an inpatient’s arm
Case 2: Woman with rheumatoid arthritis

Personal data
The patient arrived at Ama’s compound at the beginning of June. She is a 42-years-old fishmonger who is married to a fisherman from Cape Coast. The couple has four children. She makes a good income from her business.

Her illness on entry
The patient suffers from serious rheumatoid arthritis of her shoulders, elbows, hip and knee joints. Her joints are swollen but she still smiles at me. She expects very much that Ama will help her.

First meeting
July 16
She gets the same herbal bandages with palm-leaves on both forearms and knees like the paralysis-patient No. 1, but with another herbal mixture containing no bulbs. When asked how she feels today compared to her entry day, she answers: "By far better than at the beginning, but I still have pains in my arms and knees."

July 18
Her bandages have also been removed like patient No. 1, because of bone and skin irritation. I ask for the reason, the answer: "The herbs have a strong power sasa with a strong effect on the bone tissue and irritation of the skin. So we have to control it from time to time and if the skin is affected too much we have to remove the bandages earlier than intended." The same kind of healing ointment is applied. She says: „My pains have weakened.“ She has a cheerful face and she walks around in the courtyard, evidently with pleasure.

July 21
She seems to feel better and better, looking quite happy. Ama tells me: „The bandages will be applied further over night“ She differs from patient no. 1 in that she moves over again voluntarily and does the physical exercises prescribed by the healer.

July 25
She still has some pains in her joints, the healing process has continued and, according to Ama, might soon come to an end. She is moving around, and takes care of other patients.
August 2
The patient has still occasional attacks of slight rheumatoid pains. Ama insists that the herbal bandages be still applied over night. The patient would like to go home but Ama solicitously still wants to keep her in the compound. She invites her to further move around and do as many exercises as in the last two weeks.

August 4
Today she is free of pains; she even dances with the patient with the rod (No. 7). The outpatients beat the rhythm

Case 3: Woman with a tropical disease, trucu

Personal data
The patient arrived at Ama’s compound three days ago. She is a 30-years-old woman who looks unhappy. She lives together with her sister and her three children in Cape Coast. She divorced from her husband. Because of her illness her sister takes care of her children.

Illness on entry
The patient suffers from an evil tropical illness (Ama calls it trucu, a disease of the intestine). Obviously she is in pain and she doesn’t feel well at all. Isaac tells me: „Before coming to Ama, the woman has been in the hospital for two months but nobody could help her“.

First meeting
July 16
I am called into one of the patients’ rooms. With the consent of the patient Ama shows me the 7-cm part of the colon turned inside out of the anus which smells very bad. Besides that the patient suffers from fever and a very dry cough (I suppose that she also has pneumonia).

The patient has to crouch over a bowl, filled with steaming hot herbs. The vapours should detoxify and purify her. For further detoxification she also has to drink some of the mangrove suds, contained in an iron kettle in the courtyard beside the diagnostic room.
July 18
Again I am called into the patient’s room, where I see that the turned out colon is reduced in size. However, Ama, on feeling her hands this morning, diagnoses a higher fever than before. So the patient gets a mixture of coconut milk and herbs to bring down the temperature.

July 21
The patient cannot rise any more; her fever has come up again. I sit down beside her and apply cold compresses from time to time because she has a strong headache. During my research, often emotionally straining situations like this one occur. This makes me feel helpless because I lack the necessary medical knowledge.

July 23
I ask for the trucu-patient. Isaac translates Ama’s statement: „I sent her to the hospital again since her sickness has steadily aggravated.“

July 28
The patient has died in the hospital. I am very distressed for her death because I feel emotionally attached to the inhabitants of the compound. Isaac tells me: „Ama realised that she could not help her any more. So she sent her back to the hospital where she died yesterday“

Case 4: man with yellow fever

Personal data
The patient is a 36-years-old fisherman from Elmina who lives in his mother’s compound. His mother also takes care of his child. He has never been married. Since he talks a little bit English, he tells me: „It is now one week that I stay in Ama’s compound and I still feel very sick“

His Illness on entry
Ama diagnosed yellow fever.

First meeting
July 16
The patient sits on the ground outside the courtyard, he applies an ointment on his legs and feet, which are badly swollen. His face is covered with boils, on which another
ointment has been applied; his eyeballs are yellow. Evidently he feels very bad, he complains about strong headache (he has a basic knowledge of English).

He has been suffering from fever for 3 weeks. For therapy he gets herbal tea which causes increased urination in order to detoxify his body. His swollen legs and feet are treated with a herbal ointment prepared by Ama. He has to massage his limbs himself. The boils in his face are covered with another herbal ointment. I very much liked to get to know the different plants applied but the herbalist was reluctant to provide such information. The patient is not allowed to enter the courtyard because of alleged risk of infection.

July 18
When I arrive at the compound, I am pleased to see that the patient is better. His headache has disappeared but his legs and feet are still badly swollen. The treatment described under July 16 is continued.

July 21
The patient tells me in the morning: "Although my general status is better I will go to the hospital tomorrow because of my feet." I notice that his feet are still badly swollen. His body temperature, however, has reached the normal level.

July 23
Yesterday the patient got an injection and some medicine in the hospital. His feet are less swollen and less discoloured. If the patients go to the hospital while still being treated by the healer, she always agrees. Isaac tells me: “Ama often sends the patients to the doctor after the first consultation, for she knows at this point of time whether she will be able to help the patient or not.”

July 25
The patient shows me the medicines which he obtained during the consulting hours in the hospital: Rifumcin, an antibiotic (which one of our students had got for a cold!) and another remedy without a name. He tells me: “I use an additional ointment from a herbalist in Tamoso. It is important that all remedies are combined.” On the package of the herbalist’s ointment is the inscription “Effective for bone ache and rheumatism”.

When I want to enter the courtyard he asks me: “What would you do if someone is hungry?” My answer: “If I had some food with me I would give it to him.
Are you hungry?" "Yes, a little." "Ok, next time I will bring along something for you.”
"Yes please, but don't tell Ama." My reply: "No, this will be a secret between us." I
ask him: "When do you go home?" "As soon as I feel really healthy." He still looks a
little convalescent to me but quite ready to be discharged.

July 28
I bring him a loaf of bread. He lets it disappear, quickly like a flash, in his bag. The
boils on his face have considerably diminished. He moves around a lot now, chops and
grinds herbs and barks for other patients.

August 2
Today only traces of boils can be seen on his face. His legs are just slightly swollen.
He wants to go home in the next days.

August 4
There are no more boils in his face, only spots. His legs are still slightly swollen. He
asks me again for food saying: "I am much hungrier since I feel better." Today a social
brother will come to take him home.

Case 5: man with a depression

Personal data
The patient is a 21-years-old man. He is single and lives in his mother’s compound in
Eguafo. For six month he has had no job. His family is very much worried because for
several weeks he has been depressive and he doesn't speak much. On July 14, his
family came with him to the herbalist Ama.

Illness on entry
He suffers from a deep depression.

First meeting
July 16
Two days ago the young man arrived at Ama's compound accompanied by his mother
and brothers. He was observed by Ama for two days without treatment, after which he
was given a herbal mixture. Isaac tells me: "Mentally ill and depressive patients have to
drink a medicine prepared from milled barks and wine. Some herbalists won't give
herbs to the mentally ill patients. However, this is a great mistake because for mentally ill patients there are very effective tree leaves and herbs in the forest."
July 18
The patient is visited by one of his brothers. Ama asks the brother to buy a bottle of wine. After two days of further observation the patient gets a herbal drink mixed with the wine. The herbal mixture should calm him down and put him to sleep for a couple of hours. During his brothers’ visit and afterwards he is sitting aloof from the other patients. His gaze is turned to the floor, his eyes totally lacking lustre.
July 21
No change in his status of illness although he has to take the herbal wine-mixture every three hours. He is lamenting about a headache. Ama talks to him every day. I can’t detect any effect on his face during the conversations.
July 23
Ama talks to him very intensely for about 45 minutes. We are not allowed to interrupt the dialogue, the most important points of which Isaac outlines: there is a crisis in the family because of lack of money, the patient’s unemployment and witchcraft. Ama gives strong instructions about how he should cope with his situation.
August 2
There is no change in his status of illness. He has now got to drink a decoction composed of different herbs and barks three times a day. The daily conversations - very intense on the part of Ama - are continued.
August 4
He is in a less depressive mood. His mother has been called to take care for him, because in his state he can’t cater for himself. He needs her help.

Case 6: woman with an unidentified psychosomatic ailment

Personal data
The 35-years-old woman suffers from an unidentified psychosomatic ailment. She is married to a farmer as a second wife. They live in Asebu. She has no children and works as a farmer and as a small trader. In poor English she tells me that she has to work too much.
Illness on entry

She has unidentified psychosomatic pains and a strange feeling in the neck. Because of her pains she has difficulty in doing her work as a farmer. That is why her husband came with her yesterday: to cure her pains.

First meeting

July 18

The patient does not yet get any medicine. Ama observes her repeatedly and later on has a long dialogue with her in the consultation room. The healer wants to speak with her alone.

July 21

I see that the patient trickles a herbal essence into her nose. Again and again she brings it up and spits it out. Ama asks whether the essence irritates her throat. The patient answers "yes", pointing to her throat. She spits again and again and sneezes about 20 times.

July 23

Ama speaks strongly to the mentally ill patients. I cannot understand the conversation but, because of her gestures, I suppose that she is asking them to follow her instructions. The patient No. 6 is instructed as well to continue the treatment with the herbal essence, even if it is unpleasant.

July 25

The patient is sitting in the courtyard apathetically complaining again about sore throat and pains in all limbs. Her general state has not improved. Contrary to the depressive patient no. 5, however, she talks to the other patients, caters for herself and washes herself if only with difficulty.

July 28

She has a compress around her neck. She seems to be better today; however, she speaks with a hoarse voice. She demands a conversation with Ama during the consultations of the outpatients. Ama allows her to come.

July 30

The patient complains about a headache. Her general state has not improved. Ama says (an outpatient translates): "Such a treatment normally tends to cause or aggravate the
symptoms. The healer asks the patient not to complain telling her: you need your power for your body, complaining takes away power!"

August 2 - 4

The patient unwillingly performs the treatment demanded by Ama. Apart from that she just sits around doing nothing neither does she move around, although the healer reminds her over again to drink the herbal decoction and to move.

Case 7: woman, mentally ill, the feet restrained with a rod

Personal data

She is a 18-year-old married woman who lives together with her husband and child with his family in Abora. Her entry into the herbalist's compound could not be determined exactly, about a month ago. She is a very lively, powerful person. When we met for the first time she beamed at me and extended her hand at once to greet me.

Illness on entry

Her relatives took her to Ama's compound because of her behaviour regarding her as disordered (she kept running away from her husband to the next village).

First meeting

July 16

The young mentally ill patient is prevented from leaving the compound by a rod, about 35-cm long, stretching from one ankle to the other, fixed with locks. When I saw it for the first time I felt sick, I had to breathe deeply and to leave the compound for a moment. Isaak calmed me saying: "The rod will just remain until she is no more at the risk of running away."

She is extremely thin but lively and I like her. I am very astonished that two days later I see her dancing intensely despite the rod.

July 18

The young patient is not allowed to enter the courtyard, she has to stay outside. Nevertheless she comes in several times, despite a barrier on the ground, in order to sit beside me. She talks with me and laughs all the time although she knows no English.
July 21
The patient sits in the anteroom of the compound, she threads seeds onto necklaces, which are later sold on the market.

July 25
The young woman is cheerful and roguish in spite of the rod. She asks Ama to give her a coin, which she passes over to a helper to buy some onions for soup. A vehement quarrel arises between Ama and her. I ask Adwoa to translate. She explains: “Ama has already given her a coin in the morning. The patient pretends to have lost the money but Ama does not believe her.”

Adwoa translated several times for me. She also performs some chores in the compound. I ask her why she is here and she answers: “Six months after the birth of my son I became mentally ill somehow. That’s why my husband brought me here. Now after three months I feel well, however, I will have to stay here for one year and a half in order to be sure that the illness will not return again.”

July 28
Today the patient is in a good mood. She has made a beautiful necklace and gives it to me as a present.

The young woman gets a herbal drink three times per day, which she dislikes very much; thus she has to drink it in front of Ama.

August 2
She is intolerant and starts quarrelling all the time just for action. She is to continue taking the herbal decoction. The patient appears very self-confident and has a lot of power. Her movements are lively, her eyes sparkle. I ask myself whether she is really ill or whether she is just simply a powerful woman.

Case 8: man, deep wound in the bottom of his foot

Personal data

The 32-years-old man is married and has four children. He lives in Abora, too, and works as a farmer. At the beginning of July he came to Ama because of his deep wound in his left foot.
His illness on entry

He has a large wound at the bottom of his left foot, about 5 cm in diameter and very deep.

First meeting

July 16

His left leg is badly swollen his foot bandaged with a cloth. The patient mills the herbs for his ointment on a millstone, the resulting paste is mixed with vaseline and applied on the whole lower leg. He produces the paste independently with herbs and leaves that Ama gives him. He also applies the bandage on his own. The healer has somebody translate for her: “It is important to involve the patients as much as possible in the necessary treatments.”

July 18

We are in the herb garden, Ama washes the patients lower leg and foot, I see the wound for the first time. Isaac translates: “At the beginning it just looked like a prick, probably an insect bite. However, the wound had expanded and deepened quickly and the patient came to the compound when the wound had expanded to its present size. That's why it is difficult to control the infection.” Ama makes the washing with herbal water; the patient obviously suffers from great pain when the soaked cloth touches his wound. Afterwards he has to apply by himself a white powder, a mixture of different light-coloured herbs prepared by Ama.

July 21

Early in the morning the patient applies freshly prepared ointment on his lower leg. Later on, in the herb garden, the deep wound is washed again and powdered.

July 23

The patient cooks his meal in the courtyard. All patients have to cook for themselves and wash their cloths, or, if they are unable to do so, their relatives have to come and take care of them. Even the patient with the rod (No. 7) cooks her own soup.

The patient goes to the herbal garden, Ama calls for me. His leg is still swollen; the depth of the wound has not yet changed. He gets the same treatment as on July 18.
July 25
The patient's leg is still badly swollen but the wound seems to be less deep. I ask Isaac why he does not go to the hospital like the yellow fever patient (No. 4). Isaac explains to me: "Before the patient came to Ama he had bought a tincture in Abora and tried to cure himself; however, this tincture was not good. Unfortunately he tried to heal the wound with this liquid and came late to Ama." I ask the patient whether he has the impression that the wound might heal now. He answers: "kakra" (a little).

July 28
Ama performs the same washing and powdering procedure as on the July 18. Now it is clear that new tissue has formed. I ask again why the patient does not go to the hospital because of his swollen leg and Isaac explains: "Before buying the tincture the patient went to the drugstore of the hospital. There he got injections every day and each time the swollen leg got worse. Now he gets our treatment three times per day." This means that the patient has already tried western and traditional forms of treatment.

August 2
The leg is still swollen but slightly less than before. The wound is still deep but formation of tissue continues.

August 4
The healing process on the foot is striding ahead. He is given a drink for internal purification. The washing and powdering procedure is to be continued. When I ask for the formerly applied herbal bandages, Ama says: "Those will be applied again only at a later stage of the healing process." Unfortunately, I was not able to follow up the healing process, since my research time was running out.

Case 9: Emmanuel, a boy with measles

Personal data
Mother and uncle of the three-years-old Emmanuel attend the outpatient consultation 18 and 21 July (for a description of the outpatient treatments see pages 62-64). After two outpatient treatments the healer informs the mother that she and her boy have to stay at the compound for further treatment.
Illness on entry
Ama diagnoses his illness as measles (it should be noted that in Europe measles are by far less dangerous than the tropical variant).

First meeting as and inpatient
July 23
Emmanuel gets an enema in the following way: Ama holds him on her thighs, a helper straddles the anus a little and, from a tin with a hole in the bottom, herbal water is employed into the straddled anus.

The rash on the face has not yet changed. He refuses to eat. The mother is upset; I have the impression that she reproaches Ama for Emmanuel's continuous illness. I am wrong: she is indignant because her room is actually being occupied by the women-bakers. Ama gives her the visitor's room, reserved for me, and quite content now, she lies down on the floor with Emmanuel.

July 25
The little boy is by far better now; the rash on his face has diminished. Nevertheless, he still has to drink the same liquid as he had to take at the beginning. He is made to drink it while a helper closes his nose.

July 28
A woman comes to visit Emmanuel's mother and brings along his older sister. The girl also stays in the compound, she helps her mother take care of Emmanuel and she takes over little housework for other patients. Emmanuel gradually gets better.

July 30
The boy continues to get better though some spots of the rash can still be seen. He jumps around like a healthy child and he gets spoiled. His father comes for a visit; he seems to be a wealthy man. He is pleased that his son is nearly healthy. Soon afterwards he starts for a business trip. I wonder why he does not take along his family.

When I ask I get an evasive, unclear answer.

August 4
The little boy is O.K. now. He eats a lot of kenkey with fish sauce, which his mother has prepared for him.
August 8. Status of health/illness of the inpatients; summary after 3 weeks of observation.

1. Woman with paralysis:
   There is no change: she still refuses to perform the arm and finger exercises ordered by Ama.
   The grandchild still takes care of her. What a pity: after the first week she was in a better status, but later on she lapsed back into her former lethargy.

2. Woman with rheumatoid arthritis:
   She has no more pains and will return home soon. She has walked around a lot and has made the physical exercises of her joints without strain every day.

3. Woman with a tropical disease, trucu:
   She has unfortunately died in the hospital.

4. Man with yellow fever:
   He feels well and will go home today.

5. Man with depression:
   He is in a less depressive mood now, perhaps because his mother has been called to take care of him.

6. Woman with unidentified psychosomatic ailment:
   There is no change. She has no initiative of her own like the paralysis-patient. She is in an even more depressive mood than at the beginning.

7. Woman, mentally ill, restrained with the rod:
   Ama's brother tells me (in translation) that during the last few weeks the patient has had by far less tantrums. The rod will be taken off soon. However, as I see it, I am not too sure about that.
8. Man with a deep wound at the bottom of the foot:
   The diameter of the wound has not yet changed but it is by far less deep. The lower leg is still swollen but less than before. The treatment will be continued.

9. Emmanuel with measles:
   He is completely healthy. His mother and sister will stay with him at the compound because Emmanuel’s father has gone to Ivory Coast and will pick them up after having finished his business matters.

It is noticeable that the less the patients assume their own responsibilities and initiatives, the less their state of illness will improve. Ama, while delousing the head of a grandchild, tells me (translated by her brother) that this is the reason why she requires her patients to be active, e.g. to cook their own meals and to wash their clothes. In the past she had the meals prepared together for all.

3.4 The outpatients and advice-seeking persons (July 18 - August 10)
I ask for the average number of outpatients, but Ama doesn’t know it. The patients are not registered.

   The diverse treatment methods of this patient group and the very different consultative conversations in Ama’s compound are described in the following passages. Repetitive sequences of events will be referred to by key words.

July 18
Six persons sitting on the benches in the inner courtyard are waiting for a consultation. Today, I shall be able to attend only two consultations.

   The mother and the uncle of the small child Emmanuel have come to the outpatient consultation before starting the inpatient treatment. While he is waiting, the uncle is given a medicine against malaria. Isaac remarks about this: “For us Africans malaria is nothing special, we go to work during the illness, only European people go to bed thinking all the time they must die. It is bad that in that case they really die.”
17. The waiting bench of the outpatients
I am told that Emmanuel has measles. He must take a drink, mixed with barks, which the uncle has to mill before. This remedy should stimulate the outbreak of the disease more rapidly and completely (my comment: in homeopathy-treatment giving the substance, which stimulates the disease, often stimulates the body-resistance).

I notice that all outpatients have to wait very long time for the consultation. Later on I realise that, during their waiting time, they are observed again and again by Ama. So for example, after half an hour, she asks how Emmanuel has been doing with the drink and whether he has taken all. The mother answers: "No, the glass is still half-full and he doesn't want to drink any more." Ama makes him to drink the rest. Although he vomits she does not stop and asks a helper to clean the floor.

I ask Emmanuel's mother why she did not go to a clinic with him. She replies: "I have been in the hospital with Emmanuel but, despite the medicaments, he did not feel well. That's why I came to Ama. Depending on the illness I decide to go to the hospital or to the traditional healer."

Ama, as far as she is concerned, decides, according to the result of observation and the necessary treatment, to treat her clients as in-patients or outpatients or to send them to the hospital.

The patient now entering the diagnostic room is very thin and complains about stomachache that has been tormenting her for a long time. At the hospital they could not help her. Ama asks her about her first name and demands 1000 Cedis for the consultation. Then she tells her to stretch out her left hand towards her. Then the healer pours water over the hand, which is running to the floor. Now the healer is concentrating very intensely on the water, the "prophetic-water-divination" begins. After a long period of time, Ama raises her head and looks the patient steadfastly in the face saying the following words translated by Isaac: "You have to move away from your village, because a former husband of yours living in the same village is causing your troubles. You must leave and break off every kind of contact." The woman confirms the statement about her former husband. A ten-minute conversation follows (she has often consulted Ama, first consultations are of much longer duration). To me the consultation in this case seems to be a mixture of psychological counselling and suggestion. Additionally, I make the observation that the water-divination promotes
quick and intense contact with the patient. Either she/he confirms the statements made or corrects them. Often important statements about the illness are thus made, which might not have been the case without this type of approach.

I want to learn more about the “water divination” and I am questioning Isaac for this purpose. He explains: “Ama receives the prophecies of her grandmother in the form of emerging intuitions and images as she is concentrating on the water lying on the floor.” I think it is the missing concentration of the medical doctor on the patient, which, in Western medicine, is one of the main reasons for the frequent ill functioning of the healing process. Ama mentions that the necessary herbal mixture is often communicated to her in dreams after she has been thinking about the illness of a particular person during the day.

Against her stomach-ache, the patient is given a herbal infusion. Ama explains her in which time intervals the medicine has to be taken in. The intervals depend on the momentary state of the healing process.

July 21

Until 9 o’clock no outpatients arrive, it is raining. Ama has a helper girl fetch her a comb and a mirror and starts undoing the thread about each wisp of her hair. She then combs her hair out and gives the girl money to buy some soap. Another assistant girl fetches water in a great metallic basin. Ama tears a tail-feather from a hen, uses the quill first as a toothpick and then pours a tincture on it to clean her ears with. Having got the soap she washes her hair, the girl has to rinse it with water. Big toilet on the Sakyewa compound! After the toilet, two assistants clean all the patients’ benches with the soap water.

The rain has stopped and slowly the patients begin to drop in. A couple enters the treatment room. Ama asks for the first name of both partners. They have to pay 1000 Cedis, the water streams over the man’s hand. Contrary to other cases, Ama is now saying a prayer in which she continues repeating the patient’s first name. Then, the wife starts the conversation her husband seems inhibited. He points with his hand to his stomach and bowels, describes his ailment hesitatingly with his wife contributing
additional remarks. Ama prays a second time. Suddenly, a transformation seems to take place in the husband, he speaks openly, much and long.

During the consultation an assistant enters the room with another medicine in her hand and asks a question about one of the mentally ill patients. Ama leaves the room, looks into his eyes with great concentration and gives the instruction to administer the medicine.

Now the healer turns her attention again towards the former patient and gives him suggestive instructions. Subsequently, she calls for a female assistant who has to bring a herbal medicine and give it to the man. The duration of the consultation is 45 minutes. Since there is no translator at hand, I concentrate on observing.

The following characteristics particularly attracted my attention:
- Ama talks with a strongly suggestive voice.
- Prayers are made very intensely. My intention is to find out in which cases prayers are used.
- As soon as another patient is in urgent need of help, the consultation is interrupted.

Later I made the same observation also with people who did not urgently need care, such as fishermen who have to go to work. On taboo-days, when they are not allowed to go fishing, however, they wait patiently for hours.

Two women enter the diagnostic room. After Ama’s divination, one of them starts to speak very rapidly and lively. Ama is listening attentively. After some time, the healer again suggestively talks to the woman, sometimes even loudly, looks again into the water obviously pronouncing new insights. Ama fetches Adwoa, the young mother who has come to the compound because of a mentally crisis after giving birth. Adwoa tells me: „The advice-seeking woman is so particularly satisfied because the things seen and said by Ama are in total agreement with her own feelings. This woman has not consulted her because of a physical ailment but to get some advice concerning family problems.” Ama is visibly proud of her correct divination.

The woman is still sitting there when Emmanuel, his mother and his uncle enter the room, coming to an outpatient consultation for the second time. The mother also has to stretch out her hand for the diagnosis. I learn that when a child is sick over a
longer period of time, the mother, too, has to undergo a water-divination. The mother translates for me that she has received instructions how to treat her little boy and that Ama has proposed her to stay on the compound for a while so that the healing process might be monitored.

Now, the women of the former consultation are taking a very cordial leave. A further consultative conversation follows with a woman married to a Swiss. For this reason, she knows some German and English and is pleased to meet me, who I am a Swiss, too, at Ama’s. She tells me: “I know Ama for six years; Ama is for me like a mother. I come here because of chest pain and asthma.” During the diagnostic procedure, she is coughing so intensely, that she has to leave the room for some time.

In the meantime a fisherman arrives. He pays a lot of money, 30 000 Cedis. The fishermen always have to pay a lot for the herbal decoction, which their nets are sprayed with. Ama wraps the money into a fishing net, knots it and throws the little bundle in a corner; he leaves.

The woman suffering from asthma re-enters the room. I request her to ask Ama, why the fisherman had to pay so much, why she sent him away and why she threw the money in the corner. She explains (in translation): „He is a fisherman who wanted to get herbal medicine for the nets. This medicine is always very expensive because the herbs have to be fetched under difficult circumstances in the vicinity of Kumasi. But the reason, why Ama sent him away is the following: She saw in the water that he had cheated somebody and spoke to him about it.“ The fisherman hesitantly admitted that, since he had hardly caught any fish, he had some time ago gone to a priest, who is reading the bible. Although the priest had very much sought to help him, he had not attended the final interview, which means, he had not paid. The asthma-patient is now literally translating Ama: “I saw in the water, however, that the fisherman had deceived the priest and so I sent him back to the holy man to mend matters. If he doesn’t do this, my herbs will not favour a good catch.” After this, Ama talks another half an hour to the woman suffering from asthma, who subsequently leaves the room. She seems relaxed and breathes calmly.

The last two persons in today’s outpatient consultation are a couple from Elmina. In contrary to other advice-seekers, they wear distinguished clothes. It is
important for Ama that I stay on, because they are important personalities. As I can infer from their gestures, it is probably a matter of marital problems. The woman seems to complain about financial difficulties. After the water divination, Ama vividly talks to the man, who obviously defends himself. She repeats the water divination and sticks to her statement. The wife's facial expression takes on a satisfied note. Ama confirms her opinion and now the husband appears a little embarrassed, but seems to accept what has been said. Astonished, I note that he bows his head in front of Ama on leaving, despite their difference of opinion.

I had called Adwoa after this conversation and Ama informed her about the nature of the marital problems. Ama had told the husband that he frequently sees another woman; he denied.

I am struck by the fact that on one hand, the healer is very self-confident and secure, but on the other hand she obviously depends on external acknowledgements: certificate in the treatment room, appreciation of her divination power, emphasizing "important" personalities! I observed the same with Ayyuba who is managing his compound self-confidently. But as soon as extra-domestic difficulties arise, he takes along his elder sister as reinforcement. I do, however, not have the impression that this self-confidence is only feigned. It seems that it is a question of two mental states on quite different levels.

July 23
Isaac is here.
Three women are sitting in the diagnostic room. The payment is discussed; one of them hesitatingly pays 1000 Cedis; a prayer and water divination follows. One of the women moves her hand in the direction of her vagina whereby regret shows on her face, so that I assume she has had a miscarriage. Ama has a herb fetched, which she mixes with a litre of mangrove solution that can always be found in the courtyard. In addition, a female assistant has to grind herbs on the grinding stone. She brings in the paste in a palm leaf. Isaac confirmed my supposition after the consultation. Further, I learn that the miscarriage took place in the hospital and that the healer has given the woman a herbal decoction to drink and a paste for her vagina. She told her that she had a "bad
spirit” in her belly, which had to be taken from her by the help of the herbs. Afterwards, she would be able to expect and keep a baby. My attention is drawn to the fact that the same mangrove solution is used for detoxification purposes on one hand and, together with herbs, for driving out “bad spirits” on the other.

Two women of different ages and a man enter the room. One of the women is his wife and talks poor English. She is breast-feeding a baby. After the initial ritual ceremony, all three are listening attentively. Isaac translates: „The husband has been suffering from stomach-ache for six months. He was at the hospital yesterday, but they weren’t able to find anything. Ama tells him that there are “bad spirits” in his stomach and that he has to pay 20 000 Cedis for particular herbs.“

Intense negotiations are followed by a dispute of approximately five minutes’ duration. Finally, Ama reduces the sum to 12 000 Cedis, gives him the bark and explains how to use it. A second dispute results in the fact that in addition to the roots he gets a container of mangrove solution. When they leave, I learn that the second woman is his sister who has already been at Ama’s, yet, not owing to an illness.

During the consultation of the next woman with a very sick-looking baby, Ama holds a plate with an oily fish-dish in one hand while mashing kenkey; a white, slightly sour mass made of corn flour, with the other. Dipping it in the red pepper-fish-broth, she is eating with delight while performing the water divination. I wonder, where the necessary concentration is now.

The child’s belly is heavily swollen. Lacking the necessary knowledge, Ama is not able to treat the child. She gives the mother 2000 Cedis and sends her to another healer. Isaac tells me: „The woman is given the money because she has not expected to consult another healer therefore she has no money with her. It is very important that the child receives treatment as quickly as possible.“

July 25
A woman enters the treatment room; she shows Ama a hernia. Isaac informs me: “She was at the hospital, but they didn’t want to help her.” Ayyuba later told me that it depends on the doctor whether there is an operation in such a case. Some do it very
quickly, others only, if the hernia is very big. Ama gives the patient a root and obviously explains how to use it.

The patient has another request. She complains about “bad spirits” in her husband’s boat. The healer prays for a very long time with the patient. I learn that her husband will go fishing the next day and that on this journey “bad spirits” ought to be kept aloof from the boat.

Three fishermen enter the room. First the water ritual, then a prayer and payment of 2000 Cedis. Ama asks for the boat’s name: Adama. One of them knows a little English. Isaac explains: „They don’t catch fish with their boat, whereas other fishermen have made fine catches on the same spot. A bad spirit is supposed to be in their boat. Now, they have to pay another 5000 Cedis for a special prayer.“ A very long prayer follows, in which the boat name Adama occurs again and again. On July 28, the fishermen indeed arrive with a huge catch in a tin basin. Ama receives part of it. I tell Ama: “Bravo!” She is pleased, but not surprised at the big haul.

Another fisherman has been waiting patiently for two hours already. He fetches herb solution from a container. His consultation takes only a few seconds; he is a regular customer for fishermen’s herbal decoction.

Now four men and a woman appear (they are all members of the same family) with an approximately 17-years-old man. The family, Ama and I go behind the house outside the compound. Therefore the waiting patients cannot follow the conversation between the healer and the young man. The young man sits a little aloof, he doesn’t seem to be ill. All family members vividly talk at the same time. Ama has a medicine fetched, and he is obliged to drink about half a litre in the presence of all the others. The young man’s sister tells me that her younger brother is drinking alcohol and that Ama is in possession of a special medicine to stop the drinking habit. Ayyuba, whom I ask about this later, confirms the existence of such herbs.
Assistants presenting fish as part of payment for catch-increasing decoctions
July 28

I ask Isaac in which cases praying occurs at the beginning of a consultation. He says: "If Ama sees in the water diagnosis that bad spirits cause the illness, she prays to make them disappear. If they don't disappear, the herbal medicine want help. The herbs have their full effect only after the bad spirits have been driven out."

The first patient today speaks well English to my pleasure. She has been working as a nurse at the Central Hospital of Cape Coast for 30 years. She is suffering from diagnosed malaria and shows me all the medicaments she had received from the hospital. It is a total of 20 tablets per day: Collaquin, Brufen, Anoxy and a medicament against diarrhoea. The malaria symptoms have disappeared, but she still feels totally exhausted and not yet healthy. She comes to Ama for herbs and gets coco leaf and pai leaf. She is told to wash and boil the leaves and drink the decoction with a little sugar as a tea. In three to five days she is expected to be well again.

The nurse tells me that she has known Ama for 25 years and that she is cooperating with her. The co-operation consists in the nurses' providing the patients at the public hospitals with secret recommendations of healers who treat illnesses. She says: "The doctors wouldn't always agree to this!" For herself, she decides according to the type of suffering whether to consult a healer or to go to a hospital or both. Of Ama she says: "She's really an expert, she can make disappear even severe hernias. In these examples, the healing becomes visible to the naked eye." I note that this is true.

This morning I saw the hernia-patient of July 25. Her lower abdomen is now flat.

I raise the question of costs of the hospital as compared to those of the healers. The nurse tells me: "On entering the Central Hospital at Cape Coast, a patient is obliged to make a deposit of 20 000 – 50 000 Cedis, a sum that many cannot afford. This is one of the main reasons why sick persons often consult healers. The person taking the patient to the hospital has to make the deposit. As a consequence, a severely injured person lying at the roadside is very likely to remain there, because nobody is able or willing to advance the money without guarantee. Although the rest of the money not used is given back to the patient when he/she is discharged from hospital, still many people just simply can't afford to make the advance. Though, in the case of very poor persons in need of an absolutely necessary operation, there is obviously the
possibility – after long negotiations – that the government pays the cost of the operation.” The informant had paid 800 Cedis for a neck-tumour operation. She remarks: “Not the operations are expensive, but the medicaments, especially when they have to be sent from the Central Hospital in Accra.”

The working conditions of the nurses in Cape Coast are described as follows: they work in three shifts from 7 a.m. to 1 p.m., from 1 p.m. till dusk, night shift to 7 a.m. Each nurse works in the same shift for three months. My question whether there is enough staff is answered by her in the negative. This is mainly due to the bad payment. After thirty years of service she herself is now earning 120 000 – 150 000 Cedis, according to shift. So most of the nurses move to the bigger cities where the incomes are higher. I enjoyed the informative conversation in English with the nurse very much.

A fisherman arrives with fish. On 25 July he had had a consultation and paid in advance. He now brings the remaining amount owed in the form of part of the catch.

Now Ama’s husband enters the diagnostic room starting a dispute with her (Isaac, the translator, is absent). The herbalist pulls a face as if she was getting a bad headache. Now, the husband is raising his voice, the fisherman makes comments. The husband is getting louder and louder, the small room is resounding with the noise. I feel uncomfortable. Now, Ama is getting angry, with a loud clatter, she puts the water ladle she uses for the water divination on the floor. The fisherman is translating for me the reason of the dispute, but in very poor English: “The husband wants me to pay the whole sum in cash, yet the healer has previously agreed to accept part of the payment in the form of fish.” The marital dispute takes place with the door open towards the inner courtyard. The husband leaves the room.

July 30
A man displays a tumour under his arm. After the water divination ritual and a prayer including his name, Ama again performs the water divination ritual with strong concentration on the water lying on the floor. Ama looks up and gives the money back to the man. I suppose she is going to send him to the hospital for treatment and I ask Ama’s younger brother, who is present now. He answers: “Your supposition is correct, my sister doesn’t know how to treat the tumour. Despite repeated spilling of the
prophetic water, she has not seen any instruction in it, so she sends him to the hospital.

The next patient says he is suffering from malaria. He tells a long story and hands over 1000 Cedis. Omitting the water divination ritual, Ama takes the “Bible” and hands the 1000 Cedis back to him. For a very long time, Ama chews her wooden tooth stick, then calls a female assistant telling her to fetch money (smaller sums are always knotted into the tail-end of the cloth wrapped around her). Of the money fetched she gives the man 5000 Cedis. He continues to talk for a long time. I have a feeling that it is still about money. After the long story, she has a container of medicine filled for him and gives him a calabash with a lid. When it is opened, I can see a thick brown mash of medicine. Four kauri snail shells in the form of a cross stick in the mass, four hooked nails fill the gaps. Several herb branches displayed on a piece of wood are beneath the calabash. Of course, I am curious what purposes the calabash ought to serve, so I call Adwoa. She tells me: „The man is a fisherman who doesn’t catch anything. Each time he wants to go fishing he is obliged to pay 5000 Cedis for the boat, but he has run out of money now. Ama has tested with the “Bible pendulum” whether he is saying the truth and this is case."

After the test she gives him the money so that he will be able to go fishing once again. On this journey he is supposed to take with him the calabash which is prepared against witchcraft. The self-confidence of the advice-seeker is increased by the possession of the calabash, which becomes evident in his traits.

An English-speaking Fante trader appears who also has financial problems due to “witchcraft.” She receives a herbal mixture in a container in which Ama puts washed out mussels. Further, the herbalist shows her the wooden fruit ediaba, which is similar to a coconut, only smaller. The patient is explained where she can get more of them. She is to strew the seeds of the fruit among her money and to put its wooden shell under her cushion at night. On trading days she is to rub a little off the shell on a stone and to rub the powder thus gained into her hands to the effect that the money gained won’t immediately slip through her fingers. Ama additionally tells her how she herself escaped from poverty. Since I know the story, I can observe very well how clear the gestures are that go with her words. This is probably the reason why I often have a
feeling that I can understand her words. The client is given advice on the one hand, but
on the other hand also strict instructions, as I can infer from Ama’s voice and her
raised index finger.

Two men, one of them young and shy, enter the room. The older man talks
intensely with Ama pointing again and again at the younger one. She sends the older
companion out of the room and talks intensely with the young man. The latter gets
medicine in a container in which she also pours “Holy Oil” In addition, for 1000 Cedis
he is given a black powder which he has to mix with the pulverised soap he has taken
with him and fill it all into a small bag. Ama then takes the small bag in her hand
uttering a prayer over it. Adwoa explains: The young man cannot sleep at night. He has
to wash himself with this mixture before going to bed to keep away the “bad forces”

Ama is eating plantains with fish sauce. She asks me, whether I want some,
too. I refuse thanking her.

Two fishermen from Elmina called Abiba and Karuna are sitting on the bench in
the treatment room. Ama seems to be well known to the fishermen. She continues to
eat calmly, starts the questioning, however. Adwoa translates: “Abiba asserts that he
gave the money he got from Karuna to the woman who finances the boat, yet the
woman denies it.” Ama seeks clarification in this matter with the help of the “Bible
pendulum” The result of her questioning is that the woman is lying. She has indeed
received the money from Abiba. When the two are gone, I have Adwoa ask the healer,
whether she ever doubts her statements. Ama looks at me with big eyes and says only
one word: “No.”

A fisherman from Elmina and his wife enter the room. They complain about a
bad haul. A prayer is said Ama asks their names and does the water divination. Both
talk alternately. Ama is listening very attentively and takes the “Bible”-oracle. She
holds the key, after each question the “Bible” turns to the right, which means an
answer in the positive. The couple has brought with them a container, which they have,
half-filled and pay for it 10 000 Cedis. Ama and the couple each take a top full of herb
drink. They also have to put two kenkey pieces in a corner of the room and put 2000
Cedis under each. Again an oracle and another conversation for 30 minutes. On
leaving, the husband tells me in poor English that he is obliged to look for work elsewhere. Unfortunately, I cannot find out the reason.

August 2
There are no consultations of outpatients today because it is Sunday. Nevertheless Ama takes care of the inpatients.

August 4:
The patient who was here on July 23 because of gastro-intestinal problems, and who had negotiated Ama’s price, has returned, accompanied by his wife. He points to his belly and still complains about diarrhoea, although his general state has improved. He would like to have some more of the medicine. His wife has to fetch a herbal essence from an assistant, then he is asked to go to the garden and drink it. After some time he vomits. Twenty minutes later, he enters the treatment room again. He describes his momentary status: “I feel much better and relieved.” Ama is now carefully looking for a particular root in the treatment room. His wife is to cook the root, whereof he will have to drink the decoction to stimulate his appetite. At the same time, the inpatient woman with the unidentified throat problem (No. 6) receives a decoction of the same root, since her appetite, too, must be stimulated. Additionally, Ama instructs the man to make an enema twice daily for three days with another herbal solution. There will be a follow-up in two weeks at Ama’s.

The couple doesn’t have to pay anything this time. I ask Isaac why and learn that payment takes place only at the first consultation and at the end of the treatment, if it has been successful. I have noted the same procedure also with the fishermen. They pay a relatively large sum for the herbs, after a successful haul maybe another small sum plus fish, sometimes they bring only fish.

A young pregnant woman with a small boy and an older woman, her mother, enter. The young woman is given some bark. She talks to Ama, and Isaac explains: it is about the small boy who has stomach-ache. She pays 5000 Cedis, the oracle and the prayer follow. One of the assistant children is called in through the window by Ama.
with the word “bra” (come), the child appears immediately. Obviously the employment of a receptionist like in a medical practice in Switzerland is unnecessary.

After the prayer, the young woman has to give back the bark and receives some roots instead. The child is to be given half a cup of root decoction three times a day. Again oracle, long questioning follows, during which advice-seekers enter the room over again asking all kinds of questions, but nobody is annoyed by the interruptions.

After more than an hour, the woman and the child take leave. They will come again for a follow-up in a week.

A fisherman enters the diagnostic room. He is supplied with prophecies by means of the oracle. Ama gives him an oval object made of leather with a hole resembling a “leather nut”, filled with dried herbs. She rubs “Holy Oil” into the “nut” saying a prayer, she hands the “leather nut” over to the fisherman. He pays 2000 Cedis and another 1000 Cedis for a black powder. Isaac explains me: “The fisherman often consults Ama, for that reason he always makes big catches.” He goes on translating: “The fisherman has employed two new fishermen and has since then only had poor catches despite the herbal decoction. Now, he has to put fire to the herbs through the hole in the “leather nut” on the boat. This will induce the one fisherman who, despite the herbal decoction for the nets, has had a negative influence on the catch to leave his job.”

Since the oracle questioning with the young mother has taken more than an hour with all the interruptions, the other advice-seekers have to wait long. This is also a taboo-day for fishing. Because of the taboo, many fishermen are present. They represent a well-paying clientele. Suddenly, there is a turmoil, Ama’s husband is grumbling and cursing. I want to leave the room, but Isaac says: “No, it’s not because of you.”

Two fishermen appear at the door of the consulting room, they pay 50 000 Cedis. The husband again enters the treatment room eager to quarrel. The two fishermen hand in two containers and wait again in the courtyard until they are filled. I say to Isaac: “50 000 Cedis is a lot of money for two containers of herbal solution.” He answers: “Two containers last for two weeks. The fishermen are most willing to pay because they know that the catches will accordingly be big.”
Once again, Ama’s husband enters in order to quarrel. He is pointing his hand at me over again. As the quarrel becomes extremely hot, I got so frightended that I leave for my protected room at Ayyuba’s compound. Accompanying me to the road where I wait for a taxi, Isaac tells me that Ama’s husband has a drinking problem making him unpredictable from time to time.

Later when I arrive at Ayyuba’s compound, I tell him what has happened. He decides to drive immediately to Ama’s compound with his elder sister Fatima in order to clarify the matter.

When both return, Ayyuba informs me about the reason of the quarrel: “Her husband doesn’t want Isaac to be near his wife. He is ‘crazy’ and drinks alcohol. It’s a pity that she still feeds him at all. He doesn’t work. It is the husband’s opinion that Isaac is not honest and that he promulgates intimate details about patients in the village.”

August 5:
I wake up after a bad night. There is much noise all around the compound. A feeling of helplessness pervades me, which is caused by the dependence on the informant and a family member who rejects me in my function as a researcher who needs translations, although it is plain that it is not a matter of my person.

I decide together with Ayyuba to invite Ama to our compound so that I will be able to clarify the still unanswered questions in the research material. I also hope to create thus a good farewell feeling between Ama and myself, since the two of us really had a good and affectionate relationship.

August 7:
What a big surprise! This morning, Ama arrives at Ayyuba’s compound with her husband and her younger brother. Ama, in a particularly nice dress, greets me very cordially and embraces me. Her husband apologizes to me and emphasizes that his outburst has got nothing to do with my person. Ayyuba translates: “The Sakyewa family has got another translator for you, they kindly ask you to come to them once more. I will be present. Ama wants to have a dress sewed for you.” I realize that it is
important for her and for myself, so I accept. I shake hands with the husband. After a photo has been taken, I say goodbye to everybody with appeased feelings. Ama once had the following sentence translated for me, of which I must think now: “We have so many parasites in our bodies that, because of the powers of resistance needed, we cannot afford to leave a conflict unresolved.”

August 8

I go to Ama by car together with Ayyuba. During the consultation, Adwoa translates. For answering the questions after the consultation hours of the outpatients, a good translator, Anthony Richmyls, is there. Together with Ama he is at my disposal for an hour.

The consultation starts as usual. The first advice-seeker, a young man, intends to get married. He has already given money to his future wife, which she accepted. Yet, she refuses him and does not want to get married any more. He supposes that her parents have influenced her. Ama tells him after the oracle-test that it is not the parents who want to prevent the marriage, but a girlfriend of the young woman. The healer instructs the advice-seeker to fast for five days; she would be doing the same. He should come back in five days when she would be able to give him instructions as to how to change the mind of the beloved one. When I ask why the healer will fast together with the man, Adwoa translates: “Ama has to completely adapt herself mentally to the man to be able to instruct him how to change the mind of his fiancée.”

A female patient with a throat wound enters the room. She already complained about pain when waiting on the bench in the courtyard and was given a herb against it by Ama, for Ama starts with her diagnosis only when the patient does not suffer from pain any longer. Ten months ago, the patient underwent surgery at the hospital, yet the wound does not heal, the red edges of the wound seem to be infectious. She is given herbs and has to rub a cooper coin against a stone in lime-juice and add this to the herbal decoction. With this solution she has to wash out the wound to make the germs leave the wound for the present. She will come back in a week, when she will be given herbs for the actual healing of the wound. Ama has translated for me that in a week she
will discuss in detail the patient’s family and work situation with her to strengthen additionally the kra, the life spirit.

A young man and an older woman dressed in red/black and walking with a stick enter the room. The man complains about stomach-ache. Ama asks 2000 Cedis for a herb, which he has to decoct and take at 1 o’clock p.m. To him the sum seems too big without healing guarantee. They agree on 1000 now and 1000 after the healing. Water divination, prayer. The *adursinyi* says: “At work you accepted money from somebody, but you are not entitled to it.” He denies it, she verifies with the pendulum, sticks to her statement and stops giving further explanations. The young patient is one of the few who view the healing procedure and the payment asked for critically. For me, it would have been difficult just to leave the contradictory statements as they are. But both healer and patient don’t seem to have any problems with it, for he now asks how to prepare the herbs and thanks Ama with a respectful gesture.

Ama now turns to the woman who suspects that a witch in her house is causing difficulties to her gait. After the water divination, Ama confirms this suspicion and tells her: “With prayers to God you can send the witch away.” The woman doesn’t have to pay anything, for in this case, help shall come exclusively from God. Neither herbal medicine nor magic objects are used.

The next advice-seeker suffers from love sickness. In the water, Ama sees that another man wants to gain his girlfriend for himself. The man says: “This is true, that is why I come to you. Does my fiancée entertain a sexual relationship with this man?” Ama denies it. When the young man doesn’t believe her, she reminds him that she would never have obtained the “Certificate of Best Traditional Healer”, if she didn’t possess the gift of second sight. The advice-seeker wants to take revenge on his rival, who should be forced to walk naked through the village. Ama responds: “You shall not punish, hand your feelings of rage and disappointment over to God.” The healer sends the man away suggesting that he think over whether he really wants to marry this woman. Should he decide to do so, he could come back. To me, Ama says (translated by Adwoa): „This man’s intentions are not honest!“
August 10

I promised to come to see Ama for a last time on Monday, August 10. She wants to give me a herbal decoction she has prepared exclusively for me and a dress. When I arrive, Adwoa’s father is there. He comes from Akuapem and was told to fetch for me particular herbs in the neighbourhood of Accra. He is paid for them with 6000 Cedis by Ama. Ama asks me, if I make anal enema for myself. I answer: “Not with enthusiasm.” She wishes to give me together with the decoction an aphrodisiac (well, all the same, after Ayyuba had thought the use of such a substance unnecessary, considering my age!). An intense discussion takes place, I wish my knowledge of Twi were better! Since I am not particularly keen on using the enema, Ama and Adwoa’s father decide to give me only the special medicament against arthrosis.

While my medicine is boiling, I make a further observation in the inner courtyard. A young mother appears with her seven-day-old baby. It is a child that was conceived after one of Ama’s herbal treatments. Now Ama tests its health condition. The mother thinks that the baby is probably suffering from a headache because it always cries at night. She is given a dry, pulverized herbal mixture with the instruction to give the baby of it together with water in very small quantities well distributed over the day. Ama examines the baby’s limbs and belly and is visibly pleased about its condition. She instructs the mother to come back for a follow-up of the supposed headache in a week. The young mother doesn’t have to pay anything.

In the forecourt, one of the wives of Abora’s chief appears. I learn that the chief is a customer of many years standing at Ama’s. The chief’s wife has recently been married to him and wants a baby now. She is, however, afraid of witchcraft from her mother-in-law, for she hasn’t been feeling good since a funeral, in which her mother-in-law participated. She is additionally worried about her husband, who vomits yellow liquid. Ama tells her that the chief has to come to her. For me, she has translated that the man is drinking. The young woman has to pay 1000 Cedis for the herbs.
3.5 The elucidation of open questions (translated by Anthony Richmyls)

Q: What is the mental ill woman with the metal bar at her foot (No 7) really suffering from?
A: “She is the daughter of a ‘social sister’ of Ama. From time to time she suffers from ‘mental attacks’, she then throws objects at other people. This is the reason why her husband has taken her here. At the moment, she is calm. As soon as she is free from the attacks, the foot-bar will be taken away from her. But she will have to stay here for a long time to make sure that the attacks don’t recur.”

Q: Which herb is contained in the often-used “black powder”?
A: “The powder is not black, but dark green. It is a mixture of dried herbs. The healer prepares different mixtures, which are of a dark colour owing to the process of drying. Each time, the powder contains different herbs, which are first ground and then dried for preservation. Ama uses one of them, for example, in the case of trucu (the tropical disease described above), another one to drive away “bad spirits”. Even the application differs from case to case: drink, enema, spraying of fishing nets etc.

Q: What is the ‘Holy Oil’?
A: “An oil which stimulates the blood circulation. It can be bought at the market or in a ‘herbal drugstore’. In its basic form it is rubbed in cases of fatigue or physical pain. Ama mixes it with the different herbal mixtures prescribed by her.”

Q: Do the inpatients have to buy their own food?
A: “If they have money, yes. If, on arriving they have no money, Ama gives them food and free treatment and care. When the treatment is finished, the healer asks a certain sum from the relatives of the healed person.” (In contrast to the clinics, which want a deposit at the time of entry).

Q: What about the coin the female trader received to resolve her financial problems?
A: “This is an old Ghanaese coin containing a metal which, when rubbed off and mixed with lime juice and certain herbs, heals people persecuted by ill luck. The patient with
the throat wound was given another coin. She has to add this coin to the herbs solely for its metallic content, not for reasons of magic, to draw out the infectious germs from the wound.”

Q: Why do the fishermen have to pay 40 000-50 000 Cedis? Does this substantial investment pay off in every case?
A: “The herbs for the catch have to be fetched from far away and from totally different regions, which makes them very expensive. The expense pays off in any case, however, since their catch is multiplied compared to an ordinary haul.”

Q: Firstly, can you explain to me once again the function of the calabash filled with herbs and the “leather nut”? Secondly: What happens to the magic objects after they’ve been used? Do the fishermen bring them back? And thirdly: How are these objects called in the Fante language?
A: “The chverba contain herbs and objects, which can do away with the witchcraft in a boat. The fishermen describe their difficulties with their boat in detail in a consultation. Subsequently, Ama creates the magic objects chverba against the particular witchcraft or the bad spirits in question. The advice-seekers don’t bring them back, since they would be useless against other “bad spirits” According to the type of medicine they contain, the chverba are given additional names in the Fante language.”

Q: Why does Adwoa have to stay for 1 1/2 years on the healer’s compound?
A: “In your opinion the patient may seem to be healed, yet she still can’t decide by herself! The people who must live with her afterwards are afraid that she might suffer another attack. Since the mentally ill patient and the person who takes care of her/him are stigmatized, the family wants to be absolutely sure that the illness does not break out again. This is why the patient has to stay for such a long time in a protected environment.”
Last interview with Ayyuba in his compound

I ask Ayyuba why the patient with yellow fever (No. 4) asked me for food. Do you think that he had not enough to eat in Ama’s compound?

Ayyuba laughs at my question about the patient with yellow fever, who complained about hunger, and says: “That’s easy, he wants money from you, because you are ‘white’ and have a lot of money in his eyes. Everybody who can pay the journey from Europe to Ghana is very rich. Even the people living near my compound think that I am rich now, because I accommodate white people.”

Ama works with herbs, spiritual objects and prayers, you work with herbs only. Do you think that the patients who consult her and those who come to you are different?

Ayyuba’s answer: “I have specialized in Lionsblood Tonic, Ama in other healing methods and herbs. It is a matter of the type of suffering that makes people choose one or the other healer. I sometimes send people to Ama, particularly the ‘mentally ill’ ones, sometimes she sends people over to me when she thinks that Lionsblood Tonic would be the right thing.”

When Ama prays, she calls upon Jesus, yet she works with ‘spirits’ and is thus recurring to aspects of the traditional religion. Ought she not to call upon Onyame, the god of the traditional religion?

Ayyuba’s answer: “No, Onyame is God and Jesus has been created by Onyame. The name Onyame is equally used for the Christian god.” I ask again: “But Onyame has created also the abosom (deities subjected to him), why does she not call upon the deities?”

Ayyuba: “Because she is a Christian. If she wants to address God, she has to do so via Jesus. Everything comes from God, the spirits, too.”

Ayyuba’s statements about ‘spirits’

“God has also created the ‘spirits’, but we can’t communicate with them with our senses. There are, for example, ‘spirits’ in the form of dwarfs. Many are to be found in the African forest. Normally, you can’t see them; they run off when people approach
them. There exist however people who see them and who can also communicate with them. We must look for a method, if we want to get into contact with ‘spirits’ of any kind. ‘Spirits’ are very lively beings that are constantly in motion. If you want them to stay with you for a while, you need a special place dedicated to a traditional divinity. There, you may call them and they come, for they are looking for a place to live. Thus, a particular ‘spirit’ may become your ‘spirit’, which you can ask for help.”

There are also herbs which can talk to people. This sounds something like this: Ayyuba produces a faint toc-toc sound with his tongue. He shows me a piece of wood from a vigorous bush called bigyem, a creeper, which can “talk”. “This plant possesses a very strong sasa (herbal ‘spirit’). If you go to the forest and cut the wood, a juice comes out that looks like blood. The wood is used as a protective medicine, for it can neutralize the ‘demonic’ which attacks the person in the form of ‘bad thinking’ of a possessed witch. But to be successful, the attacked person has to carry the piece of wood on his/her body in a vessel for 5-7 days.” He answers my question of whether he also uses the wood in his medicine as follows: “I add small, mashed pieces of the wood, if the advice-seeking client needs particular protection. It is possible to ask cosmic ‘spirits’ as well as sasa ‘spirits’ to give you personal protection. It’s a pity you can’t stay here longer. In Ghana, there are incredibly powerful places, where the healers can work much more efficiently. I know such a place, but it is far away from here.” He doesn’t want to tell me the name of the place.

Part IV of the research report: Results of the study

The aims and objectives expressed in chapter 1.5 were realized:

1. In Ayyuba Khan Ahmed’s compound the herbal compositions, their preparations and medical properties were investigated.

2. In Ama Sakyewa’s compound the process of healing diseases of inpatients were recorded in nine case studies. The results are summarized at the end of chapter 3.3.

3. At the same time the treatment of outpatients, the counselling of advice-seekers and the supply of fishermen with catch-increasing herbal decoctions and charms were investigated. The results of this part of the study are summarized in the following table.
### 4.1 Major findings

Summary of outpatients, advice-seekers and fishermen (chapter 3.4)

<table>
<thead>
<tr>
<th>Diseases</th>
<th>Women</th>
<th>Men</th>
<th>Fishermen</th>
<th>Children</th>
<th>Number of treatments</th>
<th>Medicine given</th>
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<tbody>
<tr>
<td>Malaria</td>
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<td>Stomach-Ache</td>
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<tr>
<td>Miscarriage</td>
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<td></td>
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<tr>
<td>Hernia</td>
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<tr>
<td>Diarrhoea</td>
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<td></td>
<td>3</td>
<td>4</td>
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<tr>
<td>Intestine problems</td>
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<td>3</td>
<td>4</td>
<td>3</td>
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<tr>
<td>Wound and Ulcer</td>
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<td></td>
<td>2</td>
<td></td>
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<tr>
<td>Headache</td>
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<td>1</td>
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<td><strong>Subtotal</strong></td>
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<td>6</td>
<td>4</td>
<td>17**</td>
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<tr>
<td>Bad catch/bad spirits</td>
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<tr>
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<td>Barrenness because of witchcraft</td>
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<td>6</td>
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<td>Magic objects</td>
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<tr>
<td><strong>Total</strong></td>
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<td>11</td>
<td>13</td>
<td>4</td>
<td><strong>Total</strong> 41</td>
<td>26</td>
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</tbody>
</table>

*The number in bracket in the fishermen column means that the man came for two reasons: disease and a bad catch.

**Two patients were sent away after diagnosis, one to the hospital, one to another healer.
Fishermen

The results about how many fishermen go and see a herbalist and whether their concerns differ from those of other clients are provided in the table, which can be commented as follows:

33% of all clients were fishermen.

6 of the 13 fishermen sought advise, 5 of them came to fetch herbal decoctions for their nets, two of them came in order to obtain magic objects against witchcraft or bad spirits, only one of them (double concern) came because of sickness.

The reasons for consulting the herbalist were manifold: bad catch and herbal decoctions for the nets, fraud, witchcraft, bad spirits and sickness. The effect of catch-increase by applying the herbal decoctions became apparent when the fishermen brought a share of their catch as part of payment.

Outpatients and advice-seekers (excluding fishermen)

62% of the clients consulted the healer because of sickness, 38% because of advice. This shows a ratio of roughly 2:1.

Two of 16 sick patients were sent away, one to the hospital and one to another healer. Of the number of 15 treatments, medicine was given to 14 cases.

Inpatients

The treatment of inpatients of the woman-healer was recorded in nine case studies. The progress of healing within three weeks of observation was summarized. It was apparent that the status of disease had improved in five of the nine cases, three of the five had recovered respectively. In three of the nine cases there was no remarkable progress and one patient had died in the hospital.
Physical versus psychosomatic illnesses

All persons who consulted Ama can be subdivided into three groups: the ill persons, the advice-seeking people and the fishermen. A third of the clientele that consulted the traditional healer Ama Sakyewa were fishermen. They consulted her almost exclusively in order to get herbal decoctions for their nets, magic objects against witchcraft or against bad spirits.

Do patients visit a traditional healer mainly because of psychosomatic illnesses or are physical problems equally important?

Since I am not a physician and therefore sometimes lacked the necessary knowledge in the course of the investigation, I am not in a position to answer this question definitely.

Yet, basing on my records in the field and my knowledge as a medical radiology assistant, I can summarize the findings of my investigations of the ill persons as follows.

It seems that the healers tend to specialize in a certain type of patients. Whereas Ayyuba mainly supplies his patients with Lionsblood Tonic to ease everyday ailments, Ama cares for patients with physical, mental and psychosomatic problems.

9 (60%) of 15 (100%) of the illnesses of her outpatients and 6 (66.7%) of 9 (100%) illness cases of the inpatients were of physical origin. Totally, 62.5% of all ill persons consulted the woman-healer because of a physical illnesses.

6 (40%) of 15 (100%) of the illnesses of her outpatients and 3 (33.3%) of 9 (100%) cases of the inpatients were of psychosomatic origin. Totally, 37.5% of all ill persons consulted the woman-healer because of a psychosomatic illnesses.

If we turn our attention at the first group, namely the ill persons, we find that 62.5% of them consulted the healer because of physical problems and only 37.5% because of psychosomatic Illnesses.

This findings suggests that during the period of my investigation and for the healer Mrs Ama Sakyewa the popular belief that traditional healers are mainly consulted because of psychosomatic illnesses was not confirmed.
4.2 Summary

A central point that needs to be made is that:

The traditional herbalists are born with the talent as traditional healer/herbalist, handed down by their ancestors. The impetus for taking up the activity is the vocation.

For the traditional healers, whose guest I was and where I gathered my observations and recorded interview sessions, the healing process is not understood as merely "repairing physical mishaps", but as an attempt to restore the harmony of body, mind and soul, which has got out of balance. For each of the three components can become ill. If this happens, the other two become ill too. The illness is approached from a medical and psychological point of view as well as with an understanding of its magical and religious aspects. The individual family and social background of each patient is integrated into the healing process.

The healing process is a complex sequence of events. If it is to be successful, important prerequisites are necessary, among which include the active participation and help of the patient. These prerequisites are recapitulated below.

In most cases a third person has recommended the healer to the patient, or the latter knows the healer from a former consultation, which creates a certain basis of trust already at the beginning. This basis of trust is intensified at the first consultation by means of divination and a subsequent long, intense dialogue between the healer and the patient. In these conversations, the psychic background, e.g. family or matrimonial problems, is always looked at in depth. The treatment concept is always adapted to this background. For the healer, something in the patient's environment is sick, not within himself/herself. She is not interested in the "how", but in whether she can cure the patient. This is the reason why there is a close connection between diagnosis and therapeutic relationship.

The first consultative conversation is conducted by the healer with utmost concentration on the patient. This seems to be the most important element to me. Also the results from the water divination and/or "Bible-questioning" and the close
observation of the patients’ behaviour constitute an important part of the diagnostic
procedure. Even if the divination does not match in all points with the patient’s
perception of his/her illness, still it immediately gets an intense conversation going,
because the patient is stimulated to formulate his/her own opinion about his/her illness.
I noted how intensely Ama used to observe the patients while they were still waiting
for the consultation, the same also after they had taken the medicine. The connection
with the patient is often still intensified by the collective drinking of the herbal
decoction – the healer also takes very small quantities of the medicine.

Furthermore, the healer attempts to reduce the psychological pressure by means
of intense, often suggestive conversations. To re-establish the balance, which means
harmony, each conflict must be settled, dishonesty removed. The healer is not only a
person in a position of trust in the case of illness, but also somebody to help with many
problems of life. I think the holistic aspect can be summarized in the following
statement: The healing process has come to a successful end when the energy of life
has again reached a state of optimum harmony with the “self-energy” of the patient.

The patients are always encouraged to combat their illness actively, for example
by caring for their wounds, by changing a herbal dressing by themselves and, as a kind
of occupational therapy, to maintain their self-care as long as possible. Physical
exercises complete the treatment. In those cases observed by me where the patients
were passive, no or hardly any healing success was recognizable.

In the cases where Ama sees that she can’t bring about healing during the first
diagnosis, she recommends the hospital managed according to western standards to her
patients, or sometimes she tells them to go to a healer specialized in this particular type
of suffering. Western hospitals are often frequented, provided there is enough money.
For the re-establishment of the general harmony as described above, a traditional healer
is, however, often looked for in addition.

The belief in God is integrated into the healing process, since only if He wants
it, healing is possible. Without Him there would be no healing. Healing is sanctification,
whose starting-point is intense, Christian prayers, if the healer like Ama, is a Christian.

Since most people are embedded in the living, metaphysical framework of
nature, the working of “good and bad spirits” is considered to be a natural part of the
healing process. The latter are driven out by means of the herbal medicines but also 'with the help of mystical objects.

The condition for herbal knowledge is grounded in having been born with the talent of finding out new compositions for special diseases or ailments. In the case of Ayyuba this talent had to be additionally trained by his father and uncle as long as they were alive.

New compositions of herbal medicine are often revealed in dreams or meditations or, in the case of Ama, by additional spiritual contact with her deceased grandmother.

It is important that the herbal, root and bark mixtures used are always harvested, prepared and administered at the point of time of their highest potency, that means at their highest pharmacological and/or homeopathic effectiveness.

This field research has been a valuable experience to me. The two healer personalities have shown me a different aspect of healing procedure, compared to my former experiences in Switzerland. Out of these experiences I decided to come back to Ghana in order to learn more about African culture in the Institute of African Studies at the University of Ghana.
Bibliography


Opoku, Kofi Asare. 1983: Primary Health Care within the Context of our Traditions. Lecture given before the Christian Health Association of Ghana, Kumasi.


Annex II
Map of predominant ethnic groups in contemporary Ghana. (Fynn J.K. 1971)