

TRADITIONAL MEDICINE

by

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The traditional health care system in Ghana is a holistic one that integrates our social ethics, religious morals and cultural values. We believe that the health of an individual has a link with the metaphysical and supernatural world; with the Creator, divinities and ancestral spirits. With this belief, disease has a spiritual dimension. In spite of this the scientific theory of disease is also valid in this country and is part of the belief system. It is therefore not surprising that in the traditional health care system, we find practices relating to the use of herbs and other natural products in addition to the use of spiritual and psychic powers for the treatment of diseases.

The working definition of TRADITIONAL MEDICINE in Ghana may be obtained from a draft strategic plan document for traditional health care in Ghana.

For the purposes of clarification, traditional medicine shall refer to the beliefs, ideas and practices of a person recognized by the community in which he/she lives as competent and qualified to provide health care using naturally occurring substances. This can also include other methods based on the social, cultural and religious background as well as on the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well being and the causation of disease and disability.

The document also states that for official purposes any person who practices traditional medicine as defined above shall be designated TRADITIONAL MEDICAL PRACTITIONER (TMP) and that the term should be used for any or a combination of the practices whether it is for ordinary physical ailments, which uses natural products, or for the metaphysical or supernatural. It is instructive to hear from the TMPs themselves how they describe themselves. When the question “Who is a healer” was put to the TMPs in a study by survey, here are some of the answers provided and the percentage of respondents out of a total of 352:

Response Category	Percentage
1. One who treats with herbs	55.7
2. One who treats with herbs and spirits	18.5
3. One who knows how to save lives	12.2
4. One who uses indigenous healing methods	10.8
5. TBAs, herbalists and <i>wanzam</i> (circumcisor)	2.8

The following excerpt from the study throws more light on how TMPs regard themselves:

Some healers, especially in the northern sector described themselves as people who practiced medicine of their ethnic groups. Thus, some Dagbon TMPs described themselves as practitioners of “Dagbani-tim” (Dagbon medicine) or people who engage in “tisablim” (healing). Similarly, some Sissala healers described themselves as practicing “Sissala dalesi” (Sissala medicine). For some Kassena TMPs however, they practiced “tisobigu” (Blackman’s medicine). Other healers described themselves by the range of diseases/conditions they could treat. These included both physical and non-physical diseases. A few (3%) simply named healers by what they do. What emerges from all these definitions is that, like that of the WHO, healers identified culture and the environment as the springboard for indigenous medical practices. However, the loose-endedness of these definitions gives ample room for charlatans and quacks. If ethnomedicine must be promoted as a national policy, then there is the need for certification or accreditation of healers. Such an exercise will involve an unambiguous connotation and denotation of who a Ghanaian healer is.

Traditional medicine is recognized by government as a component of the health care delivery system. This kind of recognition dates back to the days of the first President of Ghana, Osagyefo Dr. Kwame Nkrumah, who, in 1960 initiated the formation of the Ghana Psychic and Traditional Healing Association and charged traditional medical practitioners with the responsibility of:

- Promoting and encouraging the study of “herbalism” and “psychicism” in Ghana and Africa in their application to public health and allied fields;
- Providing a central organization in Ghana for research into traditional medicine; and,
- Establishing clinics in all the regions for the treatment of those diseases and ailments for which orthodox medicine has not found a cure, and treat common diseases alongside the orthodox practitioners.

For many years TMPs, a varied group, fought among themselves resulting in a breakaway group that called itself the Ghana Psychic and Traditional Healers Association, to denote that it was the healers who were in an association and not the healing. Differences in fundamental belief are responsible for the formation of splinter groups and today there are many different associations, some large and others small. In addition to the Association referred to above, the existing associations include the following: the Ghana National Association of Traditional Healers, Plant Medicine Association, Traditional Service Association and the Northern Sector Association. It is interesting that in a document entitled *A baseline study into traditional medicine practice in Ghana*, a report of a Ministry of Health/Danida project which is dated August 2001, most of the TMPs still remembered and/or identified with the old Ghana Psychic and Traditional Healers Association. The Ministry of Health has succeeded in facilitating the formation of the Ghana Federation of Traditional Medicine Practitioners Associations

(GHAFTRAM), supposed to be the umbrella organization for all the various associations, which is recognized as the mouthpiece for all practitioners. GHAFTRAM (see below) was inaugurated in 1999. However, in the Act establishing the Traditional Medicine Practice Council (see below), the mouthpiece for all TMPs is referred to simply as “the Association”. That the TMPs who were interviewed in the baseline study referred to above, did not know about GHAFTRAM indicates that the umbrella association must do more to reach its members.

Traditional medicine tends to relate to culture and be influenced by it. In the Ghanaian belief system, (a part of the culture), the world is made up of two systems; one physical or natural which is seen, and the other supernatural or spiritual, which is unseen but exerts powerful influences on the physical world. In traditional medical practice therefore, the aspects which pertain to the supernatural are considered more important and dealt with more than the pathological aspects which relate to the natural physical world. However, TMPs tend to emphasize one or the other aspect, the physical or spiritual, as being responsible for the disease. Two major groups of TMPs are therefore recognized. One group is referred to as herbalists, a group which emphasizes the physical aspects of a disease, and uses mostly plant parts as a basis for their treatment.

Herbalists are by far the largest group of TMPs. In the survey referred to above, they were found in all the districts surveyed. They are very well versed in the knowledge of herbs and their practice is largely devoid of magico-spiritual rituals. The various vernacular names for this group of TMPs include *gbedala* (Ewe), *kpeima* (Dagomba), *odunsini* (Akan), *tsofatsɛ* (Ga). Bone setters are usually placed in this category as a subset.

Generally, the technology associated with the production of their medicinal products is low. Pulverization is by chopping on boards, grinding on stones or pounding in mortars. Drying is in the open sun and not in temperature-controlled ovens. Extraction is by boiling in water or seeping overnight in an alcoholic beverage. The medicinal products are sold on the open market, usually unprocessed except for drying in the sun, creating a problem with standardization and quality assurance.

The other group of TMPs emphasizes the spiritual aspects of disease. A hybrid group may be described as herbalist-spiritualist, who, in addition to practicing herbalism, also deals with the supernatural causes of diseases. They indulge in occult practices and are also common all over the country. They are generally referred to as *bokonowo* by the Ewes and *okomfo* in Akan. The other TMPs in this later group are referred to by different names including soothsayers or diviners and shrine devotees. Soothsayers or diviners are those who usually explain the whys of certain diseases and may foretell the outcome of (intended) actions. These TMPs predominate in the northern regions of Ghana and include *mallams*, who are basically Islamic teachers. Two categories of *mallams* may be distinguished: those who use only prayers or Qu’anic verses for the healing and those who combine herbal treatment with divination and prayers.

Shrine devotees, as the name implies, devote their entire life to the service of a gods or goddesses which dwell in shrines. According to the baseline study referred to above, shrine devotees are usually identified by their mode of dressing, hair style (clean shaven or with dreadlocks) amulets, visible marks made by incisions on the arms, chest or face. They may have a piece of cloth around their waist and usually walk bare footed. Healing involves possession and communion with extrasensory elements. They normally have consulting days which are determined by the gods they serve. They hold periodic celebrations for their gods and observe strict taboos relating to diet and sex. The shrines, where divination and other methods of healing are employed, are the places where the sick is taken for treatment. A famous shrine in Ghana is the Akonedi Shrine located at Larteh, a town in the Eastern Region of the country.

Traditional Birth Attendants (TBAs), who are (old) women who assist in delivery, are usually listed with TMPs. They are not considered here because the author regards delivery as a normal physiologic process and not a pathological one.

In 1984, the 17th series of The J. B. Danquah Memorial Lectures organized by the Ghana Academy of Arts & Sciences was delivered by Dr. E. Evans-Anfom, one time Council Chairman of the Centre for Scientific Research into Plant Medicine located at Mampong-Akwapim. The theme was *Traditional Medicine in Ghana: Practice, Problems and Prospects*. In the first lecture of the series, Dr. E. Evans-Anfom, listed the following as methods used in divination:

1. Interpreting the movements of a small metal ring hung on a thread and dangled before the patient;
2. Interpreting the position in which cowrie shells thrown randomly on the ground fall;
3. Examining the marks left on sand by an animal e.g., fox, attracted by a bait;
4. Interpretation of the gestures or utterances (however unintelligible) made by possessed persons in a trance;
5. Water gazing, in which the diviner communicates with the appropriate “spirit” whose image he sees reflected in a pot of water.

Dr. Evans-Anfom also listed the following as some of the “causes” of illness as conceived by the TMPs:

- Angry deities who punish wrongdoers, eg., those who violate taboos;
- Ancestors and other ghosts who feel they have been too soon forgotten or otherwise not recognized;
- Sorcerers and witches, working for hire or for personal reasons;
- Loss of the soul following a bad fright that jars it loose from the body or as the consequence of the work of a sorcerer or supernatural spirit;
- Sprit possession, or the intrusion of an object into the body;
- Loss of the basic body *equilibrium* usually because of the entry of excessive heat or cold into the body; and,
- The Evil eye.

The natural and the supernatural modes of healing in traditional medicine are not mutually exclusive. Some herbalists add some mystery to their art of healing and this may be regarded as spiritual. For example, those who go out to pick the plants for use may be told not to look back or talk to anybody on the way home. Obtaining the evidence on how looking back can affect the efficacy of a plant material which is being used as a drug would not be an easy task. Some people who use the spiritual or psychic method of healing also use herbs. Perhaps the herbs they use have effects which can be documented and validated.

Herbalists are no different from the other TMPs who use non-organ, psychic or spiritual means when it comes to sources of knowledge of the art of healing. Some herbalists claim that their knowledge of herbs was handed down to them by their parents, grandparents or great-grandparents. A number of them claim that the information was revealed to them through dreams or visions. Irrespective of the sources of knowledge, it is important to verify the efficacy and safety of the method of treatment for its wider application. It may be worthwhile also to know the contribution of each of the components used in the treatment because such knowledge could be used to improve the efficiency of the system. If a component is really useless, it would be cost effective to leave it out.

TMPs have a wealth of knowledge which they usually do not want to disclose. The non-disclosure may be due to issues of intellectual property rights but it may also be due to their belief that disclosing such information that has been handed down to them by deities is a violation of tradition, something that could attract punishment or even death. A celebrated case in point is that of the late Nana Kofi Drobo, a well-known spiritual healer and a chief in his locality.

Nana Drobo claimed that he had a treatment for HIV-AIDS. There was an attempt by the Ministry of Health to collaborate with Nana Drobo to validate the claim so that more patients can benefit from his treatment. Such collaboration was not possible and, unfortunately, Nana Drobo died under mysterious circumstances. The case of Nana Drobo is a clear example of the conflict between aspects of traditional system of healing which thrives on secrecy and abhors disclosure, and scientific investigation which requires knowledge and disclosure of information. This conflict poses a challenge which must be met because the systems of healing in the country must be integrated for a more effective use.

Training of TMPs is usually by apprenticeship. Traditional medicine practice still remains in the hands of essentially illiterate ageing practitioners, including quacks. A well-structured training programme has the potential of providing better healthcare through the adoption of evidence-based therapy which is safe, efficacious, affordable and of high quality. It is therefore important to note the establishment of a programme leading to a B. Sc. Degree in Plant Medicine at the Kwame Nkrumah University of Science and Technology. The goal of the programme is primarily *to train personnel who are knowledgeable in basic sciences, medical, pharmaceutical and social sciences to be*

competent to practice as health professionals using available facilities to deliver acceptable, safe and affordable healthcare. Although the training is in Plant Medicine, which is only a sub-set of traditional medicine, it is likely that such training will help speed up the process of accreditation which will enhance the practice of traditional medicine in general.

Other projects which indicate strides being made towards the improvement of traditional medicine include the publication of a Ghana Herbal Pharmacopoeia, containing scientific information on fifty (50) medicinal plants, and the institutionalization and celebration of a Traditional Medicine Week. The first such celebration occurred in 2000 and coincided with the 25th anniversary celebration of the establishment of the Centre for Scientific Research into Plant Medicine in Mampong-Akwapim. This national annual event is now scheduled to coincide with the celebration of the African Traditional Medicine Day, institutionalized and first celebrated in 2003.

In the second lecture of the 17th series of The J. B. Danquah Memorial Lectures referred to above, Dr. Evans-Anfom cited three personal experiences or cases which illustrated both the good and the bad side of traditional medical practice. The third case, which illustrated the good, and had an element of the supernatural, is cited here to make a point about the nature of the traditional medical practitioners' client.

“The third patient was a well-educated 35-year old Ghanaian in a senior position in the Civil Service. He was intelligent and well mannered, happily married and the proud father of three lovely children. He enjoyed good health and did not show any outward signs of unhappiness. Out of the blue there was a noticeable change in his behaviour and he started having hallucinations. In no time his personality had deteriorated considerably and it was at this point that his wife brought him to me. I was shocked to see the change in him. He had got to a stage which, as a mere surgeon, I could not adequately handle. I therefore gave him a letter to see the Psychiatrist in Accra. After about one month he came back to all intents and purposes cured. He was once again his genial old self. But this supposed cure turned out to be a mere remission. He had a severe relapse within a month and was taken to some village near Sekondi-Takoradi to undergo “native” treatment. Within two weeks he was back at work cured again. By the time I left on transfer nine months later he was still well.

According to the traditional practitioner who treated him, the illness was caused by one of his colleagues in his office who used juju to make him mad so that he might be invalidated out of the Service, thus giving a distinct advantage to the colleague when the time came for his promotion. He was a stumbling-block which must be removed not by the drastic method of death but by illness. An impressive ritual of exorcism was therefore performed whose psychotherapeutic effect was dramatic. The patient obviously believed strongly that the ritual performed would successfully neutralize the juju. After that the road to recovery became

wide open. Now whether or not there existed an enemy who used juju to cause our patient to become mentally ill is not the point I wish to make. The fact is that in spite of his high level of education and intelligence, our patient was highly superstitious and the practitioner took the fullest advantage of this in establishing his diagnosis and administering his therapy which was highly successful.”

The major stakeholders in the traditional health care delivery system of Ghana include the Traditional and Alternate Medicine Directorate of the Ministry of Health (TAMD), the Ghana Federation of Traditional Medicine Practitioners Associations (GHAFTRAM), the Traditional Medical Practice Council and the Centre for Scientific Research into Plant Medicine. The Food and Drugs Law of 1992 (PNDC Law 305B) mandates the Food and Drugs Board (FDB) to implement regulatory measures that aim at achieving high standards of safety, efficacy and quality of foods and drugs, including herbal medicines which form a significant part of the armamentarium of TMPs. The FDB may therefore also be regarded as a major stakeholder in traditional health care delivery system. However, the Board may be limited in its implementation because of the nation's low institutional capacity to assess and provide the evidence of safety, efficacy and quality of herbal medicines marketed by TMPs.

TRADITIONAL AND ALTERNATE MEDICINE DIRECTORATE OF THE MINISTRY OF HEALTH (TAMD)

A Traditional Medicine Directorate within the Ministry of Health was established when Nana Akuoko Sarpong was the Secretary for Health under the regime of the Provincial National Defense Council (PNDC). It started in 1991 as a Unit under the Institutional Care Division of the Ministry of Health and it was elevated to a full Directorate in 1999. The name of the Directorate was changed to Traditional and Alternative Medicines Directorate (TAMD) with the recognition of other medicines and treatment modalities from outside which are different from the allopathic as well as the traditional mode.

TAMD with a mission of “*making available to the people of Ghana, a well defined, recognizable, complementary system of health based on excellence in traditional and alternative medicine knowledge*” has the following mandate:

- To initiate, coordinate and monitor all activities involving traditional medicine, so as to influence it to move in accordance with public and political policies; and,
- To protect and sustainably prospect medicinal plant resources.

The first Director was the late Ransford Appiah-Kubi and he was succeeded by Osofo Kwasi Quarm, who came to the Directorate from the Ghana National Commission on Culture. The current Director of TAMD is Peter Arhin who was preceded by Nana Offei Agyentutu.

THE CENTRE FOR SCIENTIFIC RESEARCH INTO PLANT MEDICINE (CSRPM) csrpm@ghana.com

The history behind the establishment of the Centre for Scientific Research into Plant Medicine, located at Mampong-Akwapim, as recounted by Dr. Anfom in his series of J. B. Danquah Memorial Lectures makes interesting reading. Practically everyone in Ghana who has anything to do with plant medicine is aware of the great role played by the late Dr. Oku Ampofo in the establishment of the Centre. However, very few people are aware of the contribution of others, which in the opinion of Dr. Anfom, gives a good example of cooperation and collaborating among scientists in Ghana. As he put it, long before the establishment of the Centre, the Ghana Academy of Arts and Sciences, then existing as the Ghana Academy of Sciences, recognized the need to carry out scientific investigations into the nature of the components in the plants responsible for the effectiveness of the herbal medicines used by our traditional medical practitioners. The Academy supported the establishment of An Alkaloid Unit within the Department of Pharmacy in the then Kumasi College of Technology, under the leadership of Professor A. N. Tackie. A large number of plants were screened for the chemicals that were known at that time to have therapeutic properties.

During this same time Dr. Oku Ampofo was busy compiling a list of herbs of therapeutic value from clinical applications, using the information he had obtained from his association with the TMPs in the community. Professors F.G. O. Torto and J. K. Quartey of the Chemistry Department of the University of Ghana were also studying chemical constituents of some medicinal plants. In 1971 the various researchers came together and sent a memorandum to the Government of Ghana recommending the establishment of a Centre to facilitate coordination of all research work into plant medicines.

The Centre for Scientific Research into Plant Medicine was established in 1975 by N.R.C. Degree 344. Its functions are to:

- Conduct and promote scientific research relating to the improvement of plant medicine;
- Ensure the purity of drugs extracted from plants;
- Cooperate and liaise with the *Ghana Psychic and Traditional Healers' Association, research institutions and commercial organizations in any part of the world in matters of plant medicine;
- Undertake, or collaborate in the collation, publication and the dissemination of the results of research and other useful technical information;
- Establish, where necessary, botanical gardens for medicinal plants;
- Perform such other functions as the Government may assign to it from time to time.

*The Ghana Psychic and Traditional Healers Association was the body recognized as the voice for the traditional medical practitioners at the time of the Decree. Currently, the body that the Government of Ghana recognizes is the Ghana Federation of Traditional Medicine Practitioners Associations (GHAFTRAM)

The functions of the Centre indicate that it has been set up to help improve the practice of herbal medicine through the application of science. It does this through research as well as training of herbalists in aspects of standardization and production of quality plant medicines. It also conducts safety evaluation for herbalists upon request. The Centre operates an out-patient clinic where its products are used and also sold to the public. The Centre is governed by a Council and it has a Research Committee with membership drawn from the Ministry of Health, practicing physicians and basic scientists from the universities and research institutes.

The Chief Executive of the Centre is the Director and Dr. Oku Ampofo was the first Director. The current (January 2005) Director is Dr. Laud Okine who was with the Biochemistry Department of the University of Ghana prior to his appointment as Director. His immediate predecessor was Professor K. Oppong-Boachie who came to the Centre from the Chemistry Department of the Kwame Nkrumah University of Science and Technology.

GHANA FEDERATION OF TRADITIONAL MEDICINE PRACTITIONERS ASSOCIATIONS (GHAFTRAM)

This Federation, formed in the late nineteen nineties, is believed to be the umbrella body for all associations of TMPs. Although all associations, societies, or groups which deal with traditional medicine practice are automatically members, the Federation refers to all groupings as Associations. Full member Associations are those which have registered as Traditional Medicine Practitioners at the Registrar General's Department, are gazetted and can show evidence of having a national executive committee as well as executive committees in all the 10 Regions and 70 out of the 110 Districts of the country. Associate member Associations are all the others who cannot fulfill the conditions set for full membership. Individuals belonging to member Associations are automatic members of the Federation through their Associations.

For the avoidance of doubt, an Association involves more than two TMPs who have decided to come together with a common goal and objective for the advancement of the types of traditional medicine practiced by them. The Association must have a constitution, approved registration from the Registrar General's Department and executive members at the national, regional and district levels.

The objectives of GHAFTRAM are to:

1. Serve as a body which brings all TMPs associations in Ghana under one umbrella organization;
2. Serve as a mouthpiece for all TMPs associations in Ghana;
3. Protect the interest and well being of all its members;
4. Improve the mode of practice of traditional medicine by adoption of appropriate codes of conduct and practice and help in the promulgation of regulations;

5. Liaise, collaborate, cooperate and establish good terms with the scientific community, Ministry of Health and related institutions;
6. Conduct research, document traditional medicine knowledge and practices and promote good relationship among TMPs;
7. Encourage and promote the commercialization of safe, effective and proven herbal preparations;
8. Set up a system for monitoring and evaluating traditional medicine practice in the country;
9. Mobilize financial and material resources for the development of traditional medicine practice in Ghana;
10. Establish or help establish a sustainable programme for a pre-service and in-service training of TMPs in the country;
11. Promote the establishment of large-scale arboreta and herbaria;
12. Initiate a sustainable environmental protection programme to prevent the depletion of medicinal plants and other natural resources;
13. Collaborate with the government, non-governmental agencies and private institutions in the development of health services in Ghana.

The head of the Federation is the President. The current (January 2005) President is Agya Appiah and he was preceded by Anthony Normashie. The first President was the late Togbe G.K. Gbedemah who was succeeded by Appiah-Kubi.

GHANA TRADITIONAL MEDICINE PRACTICE COUNCIL

Act 575 of the Parliament of the Republic of Ghana, the Traditional Medicine Practice Act, 2000 established “a Council to regulate the practice of traditional medicine, to register practitioners and license practices, to regulate the preparation and sale of herbal medicines and to provide for related purposes”. The Traditional Medical Practice Council provides a legal framework for the practice of traditional medicine in the country. The Council is charged with setting standards as well as determining and enforcing a code of ethics for the practice of traditional medicine in the country. The Council is also to advise the Food and Drugs Board on the rules for, preparation, labeling, packaging, sale, supply, registration, advertisement, importation and exportation of all traditional medicinal products.

According to the Act, the object of the Council is to promote, control and regulate traditional medicine practice and it is to achieve this through the following:

1. Set standards for the practice of traditional medicine;
2. Issue certificate of registration to a qualified practitioner and license premises for a practice;
3. Determine and enforce a code of ethics for traditional medicine practice in conjunction with an association of TMPs recognized by the Minister of Health referred to in the Act as “the Association”;
4. Promote and support training in traditional medicine;

5. Approve, in consultation with such educational institutions as it may determine, the curriculum for training in traditional medicine in the institutions;
6. Collaborate with the Ministry of Health to establish centres for the provision of traditional medical care within the national health care delivery system;
7. Advise the Minister of Health on matters relating to and affecting the practice of traditional medicine;
8. Collaborate with the appropriate agencies for large-scale cultivation of medicinal plants and for the preservation of biodiversity;
9. Advise the Food and Drugs Board, in writing, on rules for registration, advertisement, manufacture, packaging, preparation, labeling, sale, supply, exportation and importation of any herbal medicine;
10. Advise the Ghana Standards Board, in writing, on standards for safe and hygienic preparation of herbal medicine;
11. Monitor fees payable by clients for services provided by TMPs; and,
12. Perform such other functions as are ancillary to the object of the Council.

The composition of Council includes five members nominated by the Association of all associations of TMPs, and recognized by the government as representing all TMPs in the country. It is the duty of these five members to elect the Chairman of the Council from among them. Other members of Council include representatives from the universities and research institutions, the Director of the Centre for Scientific Research into Plant Medicine, the Chief Executive of the Food and Drugs Board and a Registrar, who shall be the Secretary to the Board. The Council is to establish offices in each regional capital and in a number of districts as it sees fit to help in the performance of its functions. The Act also provides for registration of practitioners and licensing of practices.

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