

TRADITIONAL AND MODERN MEDICINE: A SURVEY OF VIEWS ON ITS INTEGRATION IN GHANA

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ABSTRACT: *The contributions of Traditional and Modern Scientific Medicines to health care delivery have attracted a great deal attention in most communities worldwide. In Ghana, in spite of differences that have characterised both medicines, their existences have helped improved health care delivery services among societies. They have existed independently ensuring improvements in the restoration of healthiness and wellbeing. As its objective, the study examines perceptions with regard to the fusion of traditional and modern scientific medicines in health care delivery in Ghana. It presents and analyses views of 150 individuals in two towns in Ghana -Kumasi and Akoeife-Avenui -that practice and use both forms of medicines. Interviews and questionnaire served as the main research tools used in the collection of data among respondents. The study revealed that though traditional and modern scientific medicines are patronised by most people, they exist differently; there seems to be no formal integration existing between them in major health institutions. While some respondents (over 70%) supported the integration of both forms of medicine, others resented. The study, therefore, recommends a discourse between traditional and scientific medical practitioners so as to build trust and respect, hence, cordiality and cooperation between them. Also, proper national framework and policy should be put in place to sustain and make certain their integration so as to improve health care delivery.*

KEYWORDS: Traditional and Modern Medicine, Integration, Health Care, Survey

INTRODUCTION

In Ghana, the two main medical systems which have operated distinctively along each other are Modern Scientific Medicine (MSM) and Traditional Medicine (TM)¹. These forms of medicine have existed alongside each other for quite a while. While Modern Scientific Medicine has, indeed, been beneficial to the country in the areas of increasing life expectancy and lowering death rate² through scientific and systematic procedures, Traditional Medicine - which existed before the introduction of modern scientific medicine -continues to play fundamental roles in indigenous health care system by curing and preventing diseases. Scientific medicine has been highly recognised and has consequently become the official medical system which is heavily funded by the state³ whereas traditional medicine has basically relied on individual practitioners for its sustenance.

¹ E. Asante and R. Avoronyo, "Enhancing Healthcare System in Ghana through Integration of Traditional Medicine". *Journal of Sociological Research*, Vol. 4(2): 2013, 256-257.

² P. A. Twumasi, *Medical Systems in Ghana: A Study in Medical Sociology*. (Tema: Ghana Publishing Corporation, 1975).

³ *Ibid.* p.256.

Notwithstanding, Traditional Medicine plays a very important complementary role in health care delivery and the dependency on traditional medicine continues to soar due to the increasingly expensive nature of modern scientific health care. According to the World Health Organisation (WHO) Report (2002) on Traditional Medicine, approximately 70 per cent of the population in the developing world, especially Africa, depends on medicinal plants to meet their health care needs.⁴ For that reason, the need has always arisen to inculcate traditional medicine in modern scientific medicine. This has therefore brought the issue of integrating these medical systems into the fore-front of modern medical debate. In fact, the relevance of these medicines in the traditional Ghanaian community can in no way be underestimated. They have in several ways influenced human health restorations either physically or spiritually.

DESCRIPTION OF MAJOR CONCEPTS

Traditional Medicine

Traditional medicine is defined by the World Health Organisation as “the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.”⁵ In some countries, alternative medicine and complementary medicine are used interchangeably with traditional medicine. Due to factors such as history, culture, personal attitudes and philosophy, practices in traditional medicine differ across countries.

The primary idea central to traditional medicine is that a “disease is a supernatural phenomenon governed by a hierarchy of vital powers beginning with a most powerful deity followed by lesser spiritual entities, ancestral spirits, living persons, animals, plants, and other objects”.⁶ These greater forces act together with one another and can either diminish or improve an individual’s power. A lack of harmony leads to disease, and natural elements extracted from plants and animals can help cure the infirmity.⁷ Even though specific practices vary between different tribes, all traditional medicine is based on the understanding that man is part of nature and health is a matter of balance.⁸

Traditional Medicine considers a holistic approach to the curing of diseases. According to Goldstein⁹ as cited by Asante and Avornyo (2013), it takes the entire physical, mental,

⁴ World Health Organisation, *WHO Traditional Medicine Strategy: 2002- 2005*. (Geneva: WHO Publication, 2002).

⁵ World Health Organisation, *General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine*. (Geneva: WHO Publication, 2001).

⁶ R. Kale, “South Africa’s Health: Traditional Healers in South Africa: A parallel health care system”. *BMJ*, Vol. 310: 1995, 1182-1185.

⁷ ‘Traditional Medicine’ (www.uniteforsight.org/global-health-delivery-challenges/module3/: 8/10/2014).

⁸ C. Crowshoe, “Sacred Ways of Life: Traditional Knowledge. Prepared for The First Nation Centre National Aboriginal Health Organization”. *Traditional Medicine*. (2005). (www.fnhc.ca/index.php/health_actions/traditional_medicine/: 23/09/2014).

⁹ M. S. Goldstein, “The Growing Acceptance of Complementary and Alternative Medicine”. In: C. Bird, P. Conrad & A.M. Fremont (Eds.), *Handbook of Medical Sociology*. (New Jersey: Prentice Hall, 2000). pp.284-295.

spiritual, and social makeup of the individual in understanding the origins of illness¹⁰. Among the Akan in Ghana, for instance, diseases are classified into two (2) types; '*bonsam yaree*' which literally means diseases caused by malevolent spirits, and '*honam yaree*' -diseases caused by the impairment of the body due to microbes in the environment. Treatment of any kind of illness involves either the use of herbs or ritual, but most often treatment is both natural and spiritual. This is to emphasise the holistic quality of all traditional medicines that are applied for disease treatment in African societies. Normally, people use traditional medicine for treating chronic diseases, for diseases related to psychological and social disruption and reproductive systems, for diseases that are slow in responding to treatment or deemed to be 'magical' in origin and to maintain a good health condition. However, aside its effectiveness, researches have shown that most people patronise traditional medicine due to its affordability, accessibility and availability.

Modern Scientific Medicine

Scientific medicine -sometimes referred to as 'orthodox medicine' -can be termed as a system of care that is based on the knowledge attained from a scientific process (i.e., through observation and research). Scientific medicine, like Traditional Medicine, is also considered a friend to the society since it endeavours to help maintain and restore the physical health of people within society. Modern scientific medical practitioners treat the person (body) in isolated parts and believe it has power and knowledge to fix an innate system by interfering in its normal homeostasis using powerful man-made chemicals. This act is in contrast with the traditional medical practitioner who believes any illness means the whole body must be brought back into health using natural tools the body has evolved to make use of, and the illness will resolve as health is restored¹¹.

Although scientific medicine emphasizes on the physical and mental health of a person, the spiritual aspect of the person is not taken into consideration. But recent debates on spirituality and health and works by researchers such as Harold G. Koenig¹², Daaleman and Nease¹³ among others, have confirmed that lack of recognition for the spiritual aspect of man can lead to disease and ill-health, hence, the need for holistic medicine.

Integration

Integration (from the Latin *integer*, meaning whole or entire) generally means combining parts so that they work together or form a whole.¹⁴ The concept of integration is considered, primarily, as a process of amalgamation, that is, two or more elements merged with sufficient interaction so that unity of the newly formed entity is achieved. The attributes of the concept of integration, therefore, include process, combination, interaction, and unity¹⁵.

¹⁰ *Ibid.*

¹¹ "The Orthodox Medicine Model". (www.heattreat.ca/orthodoxmedicalmodel.php: 8/10/2014).

¹² H. G. Koenig, "Use of Religion by Patients with Severe Medical Illness". *Mind/Body Medicine*, Vol. 2: 1997, 31–36.

¹³ T. P. Daaleman and D. E. Nease, "Patient Attitudes Regarding Physician Inquiry into Spiritual and Religious Issues". *Journal of Family Practice*, Vol. 39: 1994, 564–567.

¹⁴ T. Target, "What is Integration?" (<http://searchcrm.techtarget.com/definition/integration>. Accessed 23/09/2014).

¹⁵ B. L. Westra and B. L. Rodgers, "The Concept of Integration: A Foundation for Evaluating Outcomes of Nursing Care." *J Prof Nurs.*, Vol. 7(5): 1991, 277-82.

In the view of Asante and Aworoyo, a useful tool for understanding the process of integrating health care system is by employing the negotiated order theory for studying how health care systems emerged which was developed by Anselm Strauss et al. (1963)¹⁶. The theory holds that health systems or organizations occur as individual health practitioners, departments and stakeholders negotiate the terms of interactions with each other. In order for this to be achieved, it is expedient to ensure respect, recognition and collaboration among practitioners –thus traditional and modern scientific.¹⁷

RELATING TRADITIONAL AND SCIENTIFIC MEDICINE IN HEALTH CARE

It is not easy a task incorporating knowledge of traditional medicine into modern health care and ensuring it meets modern safety and efficacy standards. Bringing together traditional and modern medicine faces numerous challenges that arise from differences in how each is practised, evaluated and managed. There is the impossibility of integrating certain aspects of traditional medicine based on spiritual, moral and other fundamental principles into modern scientific medicine. For example, ritual cleansing, incantation and divination will be difficult to be incorporated into modern scientific medicine. However, integrating both systems can help play a major role in the health care delivery system of the country. It will offer mutual benefits for each other and improve the general health care knowledge for the greater welfare of the society. Also, patient will be confident since their health needs will be accessed by doctors in all aspects (physical, mental and spiritual) and coping with various illness will be assessed expediently. This is not to over-rule recent concerns for the spiritual needs for patients' health care in modern medicine. For instance, in Europe and America, studies are being made to rediscover the place of spirituality and religion in medicine and health care, in general.

According to Asante and Aworoyo (2013), integrating these two medical systems involves “the introduction of traditional medicines, techniques and knowledge into the country’s mainstream health care delivery system and the exposure of the practitioners of both systems to the philosophies and theories of the systems in order to provide an effective preventive and curative treatment for all people”.¹⁸ This is to say that the integration should be institutional¹⁹, consumer-engendered²⁰, adaptation²¹ and cognitive²².

Currently, Ghana has numerous policies and programmes which is aimed at modernising Traditional Medicine so as to make its integration with Modern Scientific Medicine easier. Examples of such initiatives include; the implementation of the Traditional Medicine Practice Act (Act 575) in the year 2000, and the establishment of institutions such as, the Centre for

¹⁶ *Ibid.*, p.257.

¹⁷ World Health Organisation. *Promotion and Development of Traditional Medicine*. (Geneva: WHO Publications, 1978).

¹⁸ *Ibid.*, p.257.

¹⁹ Institutional Integration here refers to the incorporation of both medical systems through legislation and policies.

²⁰ Consumer Engendered here refers to the consumer's choice of medical system leading to integration.

²¹ Adapting each other's processes which include supplementing traditional medical practice with ideas and technology from scientific medicine. That is both structural (division of labour) and non-structural form (TM using modern paraphernalia, cards, consulting room, etc).

²² Cognitive Integration implies practitioners of both health care system (Traditional and Modern Scientific Medicine) learning and exchanging background knowledge and skills in each other's field.

Scientific Research into Plant Medicine (CSRPM) and the Noguchi Memorial Institute for Medical Research. Also, the introduction of the study of herbal medicine and its related programmes in tertiary institutions, specifically the College of Pharmacy of the Kwame Nkrumah University of Science and Technology and the Faculty of Science at the University of Ghana, are all indications of the steps that government is making in ensuring a successful integration process. However, the researchers deemed it necessary to investigate views/opinions of some Ghanaians at both the basic and professional levels with regard to incorporating traditional and scientific medicines.

METHODOLOGY

The research employed both primary and secondary sources to collate information on traditional and modern scientific medicines. Secondary sources included information gathered from books, articles and journals. Internet sources were, however, used with caution. Primary data were gathered through oral interviews and the administration of questionnaires. A total number of 150 individuals were administered with structured set of questionnaires to solicit for their views. Generally, respondents were selected by way of a non-probability sampling method. Thus, a simple random sampling technique was used by the researchers to select all respondents –both practitioners and non-practitioners (general public). Among medical/health practitioners were; herbalists, traditional birth attendants, general practitioners (medical doctors), nurses, health assistants, physician assistants, traditional bonesetters, pharmacists and midwives. Also, among the general public were; teachers, shop attendants, hospital administrators, drivers, bankers, traders, religious leaders and students. Furthermore, a purposive sampling procedure was used to interview medical practitioners.

Particularly, all respondents were from the Kumasi (Ashanti region) and Akrofe-Avenui (Volta region) communities of Ghana. The two communities were selected as case study areas due to the fact that they have witnessed high level of usage of both traditional and modern medical and medicinal activities that are geared towards addressing the health needs of residents. Both communities share a faire history in terms of the application of traditional and modern scientific medicines in Ghana. Hence, seeking opinions on the need for integrating Traditional Medicine with Modern Scientific Medicine among residents of Kumasi and Akrofe-Avenui was justifiable.

Views of respondents are descriptively and graphically presented in this paper to clearly expatiate key findings and discussions. The research made use of the Statistical Package for Social Sciences (SPSS 16.0 version) to present tables and figures in this paper.

EMPIRICAL DATA AND DISCUSSION

Demography of Respondents

The survey revealed that there were 28 modern scientific medical practitioners, 32 traditional herbal/medical practitioners and 90 members of the general public. Respondents included males (91) and females (59) with different ages, educational, marital and religious backgrounds. The gender distribution of modern scientific medical practitioners was 18 and

10 for males and females, correspondingly. From these 10 were between the ages of 18-29, 12 were 30-49 years of age and 6 were ≥ 50 years. The modern scientific medical practitioners were grouped under General Practitioners (10), Specialised Medical Practitioners (3), Health Assistants (5), Nurses (8) and Pharmacists (2). 7 and 21 respondents were Muslims and Christians respectively and their years in service ranged from 0-8 (9), 9-20 (11) and ≥ 21 (8). Also, all scientific medical practitioners had obtained tertiary education.

Among traditional medical practitioners were 9 within the age-range of 18-29, 10 within 30-49 and 13 for ≥ 50 . Respondents included 21 males and 11 females. Respectively, were 10 and 14 traditional medical practitioners who had been in service for 0-8 years and 9-20 years as well as 8 for ≥ 21 years. While, 19 were herbalists, 8 were traditional birth attendants and 5 were bonesetters. Moreover, there were 5 Muslims, 8 Christians and a majority of 19 traditionalists. In relation to their educational background, 2 respondents had no formal education, as against 12 and 18 who had obtained basic and secondary education, correspondingly. Significantly, it was identified that none of this section of respondents had received tertiary level of education.

The survey revealed that among the general public, were 52 males and 38 females. Age distribution from this group comprised of 42 for 18-29, 38 for 30-49 and 10 for ≥ 50 . Those who have no formal education were 18 and those with basic education, secondary education and tertiary education accounted for 27, 41 and 14, respectively. The table below illustrates the entire socio-demographic characteristics of all respondents.

Table 1: Socio-demographic background of respondents in Kumasi and Akofe-Avenui.

Variables	Traditional Medicine Practitioners (n ²³ =32) 21.3%	Modern Scientific Medical Practitioners (n=28) 18.7%	General Public (n=90) 60%	Total 150 100%
Gender				
Male	21	18	52	91 (60.7%)
Female	11	10	38	59 (39.3%)
Age in Years				
18-29	9	10	42	61 (40.7%)
30-49	10	12	38	60 (40%)
50 and above	13	6	10	29 (19.3%)
Religion				
Muslim	5	7	12	24 (16%)
Christian	8	21	47	76 (50.7%)
Traditionalist	19	--	26	45 (30%)
No affiliation	--	--	15	15 (10%)
Educational Status				
No Formal Education	2	--	18	20 (13.3%)
Basic Education	12	--	27	39 (26%)
Secondary Education	18	--	41	59 (39.3%)
Tertiary Education	--	28	14	42 (28%)
Years of Service				

²³ 'n' -represents the total sampling size used in the research (n=150).

0-8	10	9	--	19 (12.7%)
9-20	14	11	--	25 (16.7%)
21 and above	8	8	--	16 (10.7%)
Qualification in Scientific Medical Practice	--	10	--	10 (6.7%)
General Practitioners	--	3	--	3 (2%)
Specialised Health Assistants	--	5	--	5 (3.3%)
Nurses	--	8	--	8 (5.3%)
Pharmacists	--	2	--	2 (1.3%)
Groups in Trad. Medical Practice				
Herbalists	19	--	--	19 (12.7%)
Traditional Birth Attendants	8	--	--	8 (5.3%)
Bonesetters	5	--	--	5 (3.3%)

Knowledge and Usage of Medicines

The research indicated that all respondents (90) from the general public indicated their knowledge about medicines whether modern scientific or traditional in their communities. As a matter of fact, all remaining respondents also shared high knowledge on medicine due to their profession as medical practitioners. As respondents were residents of two different towns, it was appropriate to identify their simple perceptions of the use of medicine. Respondents exhibited high awareness of modern scientific medicine and traditional herbal medicine and medical services in their districts.

Many respondents explained traditional medicine as involving the use of natural remedies (herbs and animal products) in disease treatment; the form of medicine indigenous to a group of people; herbs, roots, barks, branches, seeds and other natural liquids for preventing and promoting human health. Others understood traditional medicine as the basic form of treatment and medicine common among Africans usually involving spiritual invocations. In this sense, respondents defined traditional medicine bringing to light its holistic nature in terms of treatment (health restoration).

Respondents, on the other hand, explained orthodox/scientific medicine as the main form of treatment available to everybody in clinics, hospitals, and other health centres across Ghana. In their opinion, some respondents indicated that this form of medicine was also referred to as western or modern medicine, treatment involving chemicals, scientific diagnosis and prognosis as well as surgeries and 'operations'. In their view this form of medicine was highly acknowledged by many people due to its systematic, hygienic, and developed processes.

In respect of the usage of a particular form of medicine, 37 respondents representing 24.7% indicated that the only form of medicine suitable for them was traditional herbal medicine. Also, 48 respondents (32%) mentioned that orthodox/scientific medicine was their preferred choice of medicine. However, 65 respondents (43.3%) further stated that they prefer both

forms of medicine when it comes to treating infirmities. The research revealed that respondents who indicated their commitment to traditional medicine attributed it to the lack of modern health care facilities in the villages and communities. They also mentioned that, though such facilities were available it lacked proper management and human resource. Others, however, indicated that there is a changing attitude towards the visiting of traditional healers as it has become fairly acceptable in spite of the proliferation of hospitals and clinics in their districts. Respondents added that traditional medicine was identical to their cultural identity as a people; it is also recommended by families and modern practitioners.

On the other hand, respondents stated that their affiliation to orthodox medicine was basically due to its efficacy and hygienic processes involved in its services. Other respondents also affiliated with modern scientific medicine due to its availability, infrastructure and formal status within the society. That notwithstanding most respondents attributed their usage of both medicines to their singular purpose, which is, disease treatment and health restoration. Respondents mentioned some of the diseases which they have been treated of (by both traditional and modern scientific medicines) as including; tuberculosis, malaria, hepatitis B, fever, ulcer, broken bones, hernia, cancer, impotency, arthritis, boil, toothache, headache, chicken pox, ring worm infections, haemorrhoids, gonorrhoea, premature ejaculation, syphilis and convulsion.

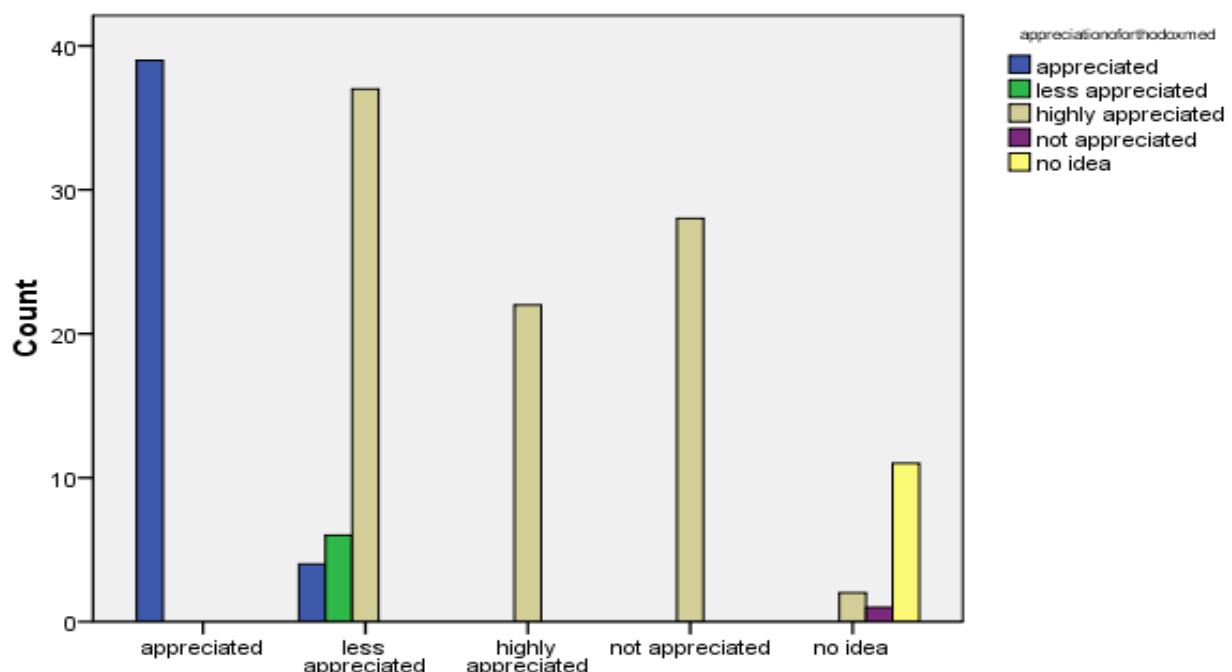
Respondents, however, were not unaware of the limitations envisaged in the use of any form of medicine, either traditional or modern scientific/orthodox medicine. In an interview, some respondents indicated that every medical field has its own limitations in that not all medicines can cure all diseases. What might be easily treated by one medicine may be difficult for another. They mentioned some limitations as; poor diagnosis of diseases in traditional medicine, treatment complications and prevalent side-effects in modern scientific medicine.

In responding to the question as to whether or not there is a difference between traditional medicine and orthodox/scientific medicine, 108 of them said yes as against 42 who said no. Among the 108 respondents, the difference was that traditional medicine is basically concerned with natural products; herbs, roots and other parts of plants and animals; it has less or no side effects; it is common to all people and easy to apply. They added that while (some) traditional medicine has no and/or little scientific basis; orthodox medicine is by objective scientific in approach, purpose and character.

Also, in response to the appreciation of traditional medicine, on one hand and orthodox medicine on the other, in Ghana, respondents shared diverse views. While some respondents believed it was highly appreciated, others thought otherwise. Meanwhile, a number of them believed that it was not appreciated. Responses to this are represented in the table and figure below.

Table 2: Cross-tabulation of respondents' appreciation of traditional medicine and orthodox medicine

Appreciation of Traditional Medicine	Appreciation of orthodox medicine					Total
	Appreciated	Less appreciated	Highly appreciated	Not appreciated	No idea	
Appreciated	39	0	0	0	0	39 (26%)
Less appreciated	4	6	37	0	0	47 (31.3%)
Highly appreciated	0	0	22	0	0	22 (14.7%)
Not appreciated	0	0	28	0	0	28 (18.7%)
No idea	0	0	2	1	11	14 (9.3%)
Total	43 (28.7%)	6 (4%)	89 (59.3%)	1 (0.7%)	11(7.3%)	150 (100%)

**Fig.1: Graphical distribution of respondents' appreciation of traditional medicine and orthodox medicine**

Furthermore, according to 89 respondents, traditional medicine as a means of treatment can be put on the same level as orthodox medicine. It was, however, stated by 44 respondents that such equality was in no way permissible, while 17 respondents did not have any idea.

Reasons and Relevance for the Preference of a Particular Medicine

With regards to the purpose and relevance of treatment, a majority of 114 respondents representing (76%) stated that medical treatment were essential to human development. Meanwhile 31 (20.7%) were not of similar opinion. The remaining 5 (3.3%) respondents shared no idea as to whether or not treatment in general was a relevant course. In view of the

above, respondents mentioned that, they are familiar with seeking treatment in hospitals, clinics, specialists, native doctors, religious/spiritual leaders and herbalists. Respondents' views are as well expressed in the table and figure below.

Table 3: Places for receiving treatment according to respondents

Place for Treatment	Frequency	Percent	Valid Percent	Cumulative Percent
General hospitals	44	29.3	29.3	29.3
Clinics	35	23.3	23.3	52.7
Specialist	13	8.7	8.7	61.3
Native Doctor	9	6.0	6.0	67.3
Religious/Spiritual leaders	29	19.3	19.3	86.7
Herbalists	20	13.3	13.3	100.0
Total	150	100.0	100.0	

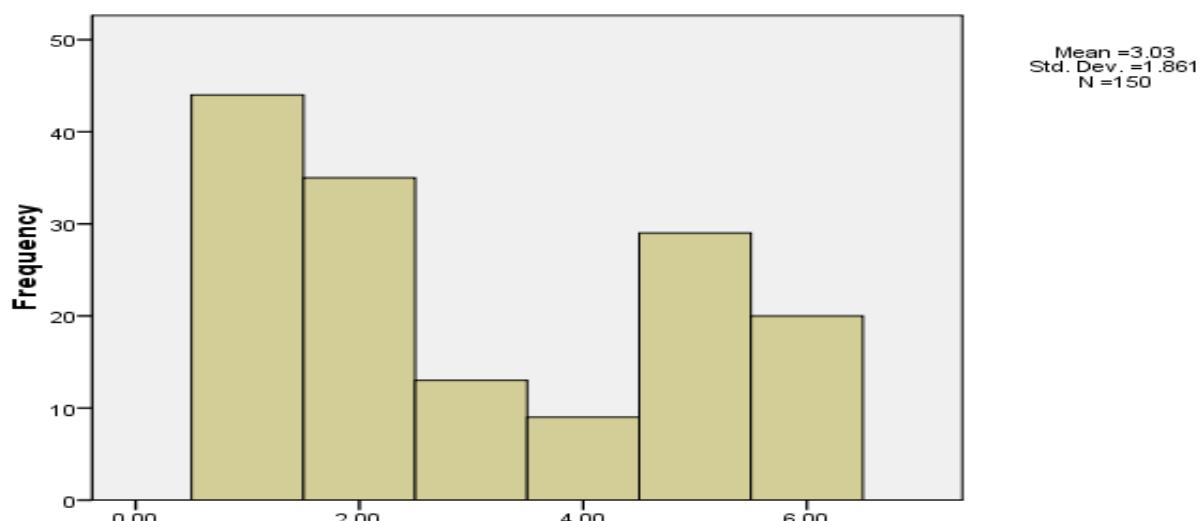


Fig. 2: Graphical distribution of places for receiving treatment

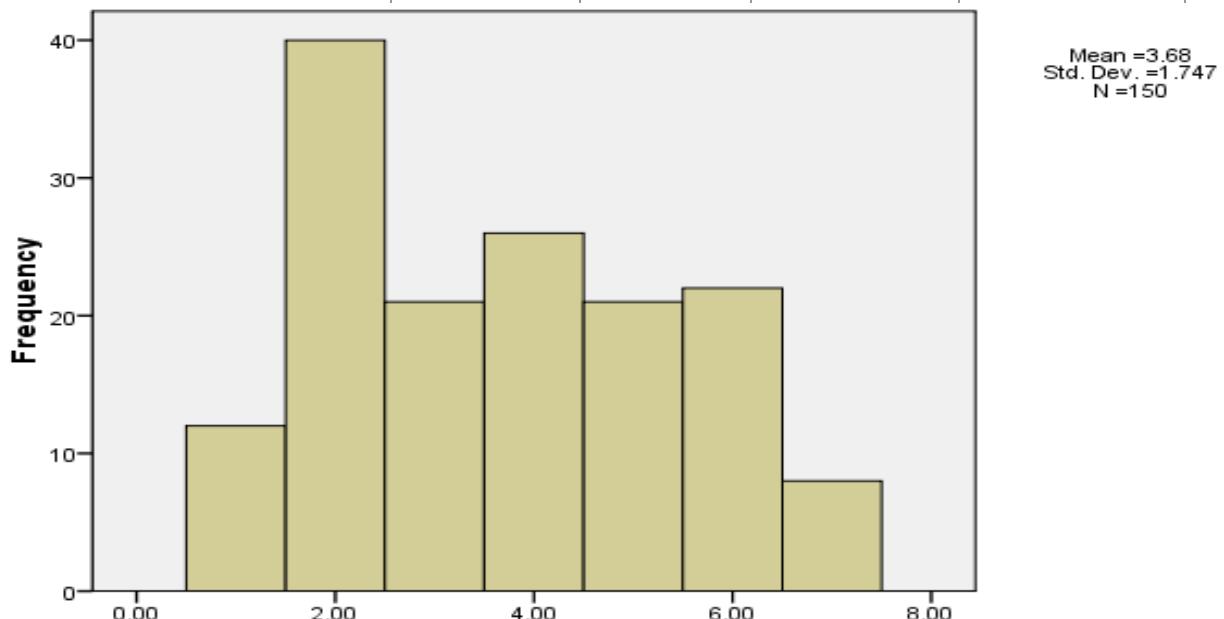
Furthermore, in responding to the motives that can influence preference to a particular form of medicine or treatment, respondents cited various reasons. The research identified such reasons as: free treatment and care in some health care and institutions, proper/good medical services and care by practitioners in modern health services and the potency and accessibility of the preferred medicine. Others stated that their preference for a particular medicine may be due to high cost in medical treatment and care of the other as well as the ability for a medical treatment/care to ensure and maintain wholistic treatment (by providing spiritual assistance and guidance).

In responding to the accessibility of traditional medical services, 56 respondents were of the view that traditional medicine and healers were easily accessible. They added that the received under this form of treatment far outweighed that of the orthodox medical care. They further indicated that the work of the traditional healer was a more personalised one leading

to wholistic treatment –from diagnosing health problems to removing bad omens. However, the remaining 94 respondents taught otherwise. The table and figure below present the distribution of respondents view in respect of these reasons.

Table 4: Reasons for preference of medicine

Reasons for preference of medicine	Frequency	Percent	Valid Percent	Cumulative Percent
Free treatment and care in some health care and institutions	12	8.0	8.0	8.0
Proper/good medical services and care	40	26.7	26.7	34.7
Potency of the preferred medicine	21	14.0	14.0	48.7
Accessibility of the preferred medicine	26	17.3	17.3	66.0
High cost in medical treatment and care	21	14.0	14.0	80.0
Ability to ensure and maintain wholistic treatment	22	14.7	14.7	94.7
Traditional nature	8	5.3	5.3	100.0
Total	150	100.0	100.0	

**Fig. 3: Reasons for preference of medicine**

Integrating Traditional Medicine in Modern Health care

While, 107 respondents indicated that it is relevant to integrate traditional herbal medicine into modern scientific health care, 39 respondents taught otherwise and 4 had no idea. In

responding to the question whether or not traditional medicine and modern scientific medicine can be integrated in Ghana, 93 respondents representing 62% said yes, and 57 (38%) said no. Again, out of the 93 respondents who believed in integrating both forms of medicines, 26 respondents believed that traditional medicine must be integrated with the kind of health care provided in all government health institutions (hospitals), 24 respondents mentioned private health institutions, while 43 of them mentioned that both health institutions should be integrated with traditional medical services. According to some respondents, this will make both medicines readily available to patients in all situations. Others stated that as a result this will help put a check on the medicines provided, in order to ensure that they are made under good hygienic conditions to promoting proper health conditions of persons.

In addition, 52 (34.7%) respondents stated that there were factors that may affect an integration of traditional medicine with orthodox medicine. However, 83 (55.3%) respondents were of the view that integration between them was free of adverse factors, while 15 (10%) respondents shared no idea. Amid respondents, keen among these factors that affect such as integration were; difference in practitioners educational background, lack of infrastructures to occupy both forms of treatment and patients' readiness to apply both medicines in times of disease treatment. Respondents believed that to ensure and enhance the establishment of the relationship between traditional and orthodox medicine the following factors should be considered.

- Practitioners' preparedness to work together
- Proper monitoring of medical activities
- Proper training of medical personnel to co-habit cordially
- National recognition of traditional and scientific medicine as equal means for treatment
- Proper regulatory policies to govern the integration of medical treatment
- Eradication of ill-conception about traditional medicine for development and vice-versa

VIEWS ON INTEGRATION OF TRADITIONAL AND MODERN SCIENTIFIC MEDICAL SYSTEMS

Position of Modern Scientific Practitioners

Through the investigations made, it was revealed that most modern scientific practitioners were of the opinion that traditional medicine should be integrated into formal health care delivery system. They explained that working as a team would afford them the chance to study traditional medical ideas and practices. However, some Medical Doctors (General Practitioners) were of the view that practitioners of traditional medicine should be registered and their medications tested to determine its efficacy just as it is done in modern scientific medical system. Also, others, who objected to the integration, explained that both systems have different ideologies or philosophies of what constitute illness and body function. Since the two medical systems were not the same there would be a likelihood of conflict hence integration would not be possible.

Traditional Medical Practitioners

The responses of the traditional medical practitioners from interviews granted revealed that many traditional healers were reluctant to work with health professionals in hospitals and clinics. This, some stated, was as a result of the nature of their profession. In the views established by most of them, practitioners such as herbalists, traditional birth attendants (TBAs) and bonesetters could easily be emerged into the modern scientific practices because their practices is somehow similar but they are not willing to be integrated with modern scientific health system since the modern scientific medical practitioners perceive themselves as superior to them. Another issue raised is that they would not subject their medicines to scientific testing since their remedies are mostly given to them by their ancestors and through spiritual means. They also made a claim that their line of work was different in nature and character as compared to modern scientific/orthodox medicine.

OBSERVATIONS

The study made known that both Modern Scientific and Traditional Medicines are the backbone of general medical practices in both rural and urban societies in Ghana. Again, it revealed that all medicines irrespective of its nature was primarily purposed to ensure healing through treatment and proper health care. Hence, their integration will offer mutual benefits for each other and improve the general health care knowledge for the greater welfare of the society.

It was further observed that the idea of integration was supported by most respondents. They suggested for a system to be designed to allow the regulation of traditional medicine -which is of low recognition in the national health care system though indigenous to the two communities -to be at par with Western/Modern Scientific Medicine. That is also to say, it must: have a scope of research, comply with health and safety regulations and fulfil requirements of regulatory authorities. Respondents stipulated that integration would help get the best out of both forms of medicines. The purpose of the integration is to ensure wholistic health restoration, proper monitoring in the dispensation of medicinal products and medical service delivery in Ghana.

Significantly, it was identified that many medical personnel (particularly doctors) by way of interview expressed their delight in the incorporation of traditional medicine and modern scientific medicine. Finally, the study observed that the collaboration of both health systems (modern scientific and traditional medicine) was so far found to be very minimal. This seems to stem mainly from unrelenting negative attitudes among users and among practitioners to one another.

IMPLICATIONS OF THE STUDY

Medicine and health care exist for all people in different categories. It is the main aim of every individual/nation to ensure proper health care system to promote general wellbeing in an era when good health has been considered as the vehicle for human development. According to Daniel Bour, "(Good) Health is a vehicle for achieving development and also

an end of development".²⁴ In view of this, the research elaborates on the immense contribution of traditional and scientific medicine in the quest of promoting and maintaining proper and quality health care in Ghana. This will go a long way to help promote both remedies, particularly Traditional Medicine. It, also, clearly brings out distinctions between Traditional Medicine and Modern Scientific Medicine which is an area of concern for major stakeholders in the health care sector. This will assist in addressing issues pertaining to the fusion of medical practitioners (both traditional and modern scientific) to ensuring their collaboration in modern health care system in Ghana and across Africa. Furthermore, the study significantly has sought and outlined proper means to harness the differences in both medical practices to making their integration a possibility. This therefore serves as a clue for both private-owned and national medical institutions on how to collaborate the two forms of medicines for good health outcome and patient satisfaction.

CONCLUSION AND RECOMMENDATION

The study was taken to explore the views that people hold concerning the integration of traditional and modern scientific medicine, with the Kumasi Metropolis and Akofe-Avenui as case study areas. Though findings were from a cross-section of the populace of the two towns, views gathered are in actual fact rudimental to the development of integration between Traditional and Modern Scientific Medicines in Ghana. Indeed, though distinct from each other in nature, process and presentation, both medical systems are highly patronised in Kumasi and Akofe-Avenui. However, Modern Scientific Medicine is highly recognised and given the needed support by government and other affluent individuals almost at the neglect of Traditional Medicine. This in a ways has rendered their fusion problematic across the country. As a result, to make the incorporation of Traditional Medicine and Modern Scientific Medicine possible, it is recommended that traditional medical practitioners be given recognition in development programmes concerning health care. As seen earlier, the modern scientific medical practitioners have been acknowledged in the main health care systems nationwide. It is therefore advisable to give the traditional medical practitioner similar platform so that they will also be very much recognised. Despite the passage of the Traditional Medicine Practice Act (Act 575) in the year 2000 and the setting up of institutions to formally promote traditional medicine, its recognition, in general terms, is on the low. In reality, it is only few institutions whose traditional medical practices are officially recognized by government.

In addition, more research should be undertaken to investigate all aspects of traditional medicine to improve methods, techniques and the composition of traditional medicine. Through this means, ill-perceptions about the medical system as unhygienic, in particular, will be eradicated. Also, information on the positive aspects of integration should be communicated to all stake holders and decision makers in order to motivate supports geared towards promoting Traditional and modern scientific medical practices. Moreover, there must be regular discussion and dialogue amongst practitioners of the two medical systems. From the research, it was realised that some modern scientific medical practitioners perceive themselves as superior to traditional medical practitioners. On the other, some traditional practitioners were also unwilling to be integrated with their counterparts since they share

²⁴ Daniel Bour, "Religion, Science and Development". In: Chrales Marfo (Ed), *Reflections on Religion and Science*, KNUST, (pp:58-75) (University Printing Press: Kumasi, 2008). p.69.

different ideas on medical activities. Due to this, modern scientific health personnel should be accustomed with principles of Traditional Medical practices and vice-versa.

It is to be concluded that, indeed, regular discourse between traditional and modern scientific medicines will help better the understanding of each medical practice and engender the needed trust and respect that all practitioners may need to accord each other. Therefore, in bridging the gap to ensuring integration, mistrust and lack of understanding of the ideas that lies between scientific medicine and traditional medicine need to be harnessed and controlled.

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