

WESLEYAN MISSION MEDICINE IN ASANTE (1901-2000)

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Abstract

Using a purely qualitative method of research, this study explored the contribution of the Wesleyan Mission (Methodist Church) to improve the health status of the people of Asante. Using Kumase as a case study, this study gives a historical account of how the Wesleyan Faith developed in Asante and how such faith led to the development of their interest in healthcare. This study explores the conflicting interest between the traditional medical practitioners' delivery of health services and the Wesleyan Mission's concept of healthcare delivery and disease combating. It also establishes the fact that, the concept of the Wesleyan Medicine encompasses both spiritual and scientific care. This broadly rests on John Wesley's holistic concept of healing.

Keywords: Wesleyan Mission; Medicine; Traditional Medical Practitioners; Healthcare

Introduction

The World Health Organization defined health as the state of physical, mental and social well-being and not merely the absence of disease or infirmity (Longley, 1996). This has raised questions of health related issues and approaches in dealing with the wellbeing of the individuals in the society and the world as a whole. The African continent has had a considerable contact with the outside world, right from the epoch of history spanning across the age of exploration, the slave trade, missionary era and the formal colonial period which saw the official habitation of Europeans on the continent. Though Boahen argued that the colonial regime impacted the continent far more than any other regime, missionary activities have predated colonial activities on the continent (Boahen, 1985). This influenced the African's social, economic, political and cultural lives for a longer period than the former.

Disease treatment in Ghana is rooted in two main systems. That is the Scientific/Western medical system and the Traditional or Indigenous medical system (Twumasi, 1975). The popularization of the scientific medical system at the expense of the latter was influenced by pre-colonial conditions and colonial conditions (Adu-Gyamfi, 2015). This is to suggest that, the missionary bodies together with the colonial authorities shared similar disregard and interest concerning indigenous institutions in Africa. These interests would also include indigenes and how they combated diseases. Missionary medicine predates colonization in Ghana (Mohr, 2009). It was greatly felt across the coastal areas where earlier contacts with the Europeans were made.

Missionary contact with Asante was a later development. Buah reckons that, Thomas Birch Freeman aided the formalization of the Wesleyan faith in Ghana around 1838. Nkansah however places the missions' establishment in Kumase in 1839 (Buah, 1998; Nkansah, 2017). A full fledged missionary and European influence was made possible as a result of the Sagrenti war and later, Yaa Asantewaa war; lasting 1900 to 1901. This saw the final crush of the Asante Empire. Prior to this development, Wesley compatriots like Mr. James Hayford and George Maclean aided the Wesleyan mission in Asante. The former was a representative of the British Merchant Company Administration in Kumase and had already started a Wesleyan Fellowship in Kumase. Thus, the Wesleyan

Mission to a larger extent has had a long establishment with the people and their culture. Since culture supersedes social, political and economic life of a people, their health and well-being; the missionaries spent a significant amount of time on individuals in their pursuit of health and well-being (Buah, 1989).

Significantly, the Orthodox, Pentecostal, Charismatic and the Prophetic churches have played significant roles in combating diseases within the Ghanaian society. This can be seen through their counseling services which are believed to be therapies on their own. Some of these churches have gone the extra mile, establishing modern scientific medical units and healing centres; all geared toward the provision of medical services to their respective members or the general public as a whole. The idea of disease extending beyond the reach of physical means presents the church with an essential role to deal with diseases beyond the natural realm (Mohr, 2009).

The Wesleyan mission was the only church to penetrate into Asante prior to 1874. They have since then influenced the institutions of Asante including their medical institution. According to Akyeampong, diseases which were common to the West African environment including Asante are malaria, small pox and diarrhea (Akyeampong, 2006). However, Adu-Gyamfi argues, the environment of Asante was associated with diseases like dysentery and gonorrhea (Adu-Gyamfi, 2010). Also services like maternal health rested on special medical attendants. Concerning traditional medical practices, prior to the coming of the Europeans, Adu-Gyamfi argues that:

Prior to the advent of the Europeans to the Gold Coast also referred to presently as Ghana, there was a medical practice which was predominantly indigenous except those introduced by Muslim physicians or clerics, diseases were noted to have been caused by disease demons, mostly necessitated by an act of misdemeanor of the offender... He or she was declared healed by the indigenous medicine man (Adu-Gyamfi, 2015)

This is to emphasize that, the treatment of diseases in Asante rested solely in the hands of experts whom the people of Asante trusted with their health and wellbeing. These people included Traditional Birth Attendants, Indigenous Priest Healers, Herbalist and orthodox/western medicine trained

physicians (Adu-Gyamfi, 2015). This notwithstanding, there was a growing tension between the existing medical stream and colonial policy partly due to a struggle for control in the medical field. There was a stiff competition between the missionaries and the traditional medical practitioners (Mohr, 2009). The struggle for control between the traditional healers and the western forms was firmly premised on the power of determining the cause of ill health and the appropriate remedies and cure that were acceptable. It included who had the legitimate form of medical practice to be administered to the people of Asante. The competition was between the missionaries and traditional practitioners (Mohr, 2009). It should be noted that, preference was given to the traditional medical practitioners since the indigenes of Asante believed their medicines were efficacious. The Wesleyan mission, as noted earlier, was the first missionary group to have contacted the region of Asante. Through evangelization, they also paid attention to the health needs of the people of Asante. This contact cannot be decoupled from the knowledge of scientific/orthodox medicine that was made available to the indigenous people through these contacts.

Missionary activities in Africa have been looked at from the evangelical perspective with little attention given to periods prior to colonization. However these missionaries have had a considerable contact with Africa. As Mohr stated “this time period of missionary medicine, prior to the 1880’s has rarely been examined in Africa. Most literature on missionary medicine or more specifically medical missions took place during the colonial period” (Mohr, 2009). Also spiritual healing which constitutes an important sect of healing or medical services have been under studied by scholars. Most of the research pertaining to medicine focuses on scientific medicine or a comparative study with traditional medical practice. Attention has not been paid to the individual roles played by both the orthodox and the penteco-charismatic churches in the field of disease combating. Their roles however, occupy important place in ensuring the health and well-being of members within the Ghanaian community. The argument of spiritual healing is further buttressed through the definition of spiritual healing by Adu-Gyamfi;

Spiritual healing refers to the type of healing which no logical or rational explanation can be adduced to. It is not dissociated from religion in the sense that both the Christian Priest and the

African Traditional Priest or Indigenous Priest Healer offer some form of cures to diseases employing super natural effects (Adu-Gyamfi, 2015).

This is to emphasize that both traditional and orthodox medicine including what we refer to as missionary medicine were used effectively by the people of Gold Coast including Asante. This study seeks to systematically address how the Wesleyan Mission combated diseases in Asante with a focus on how such means conflicted with that of traditional medical practitioners.

The paper covers the period 1901 to 2000. The period, 1901 is significant because it marks the point where Asante was fully brought under British control. This made it possible for colonial and expatriate influence including medical practices to become dominant in Asante (Buah, 1985). Colonial rule might have influenced the Wesleyan mission in delivering medical services to the people of Asante, even though the church made earlier contact in Kumase. The area of study is Kumase, which has a population of 2,035,064 according to the 2010 population and housing census (Ghana Statistical Service, 2010). Kumase is the seat of the *Asantehene* and was under the influence of the British colonial government in the then Ashanti Province (Gocking, 2005). Kumase is presently the capital of the Ashanti Region of Ghana.

Again, the qualitative approach was found useful for this research. Materials used were broadly categorized into two groups, which are primary and secondary data. The primary data included oral interviews which retrieved responses from an expert informant; a Methodist Minister who has expert knowledge on the Methodist Church and their contribution to healthcare in Ghana. The secondary data was retrieved from articles from the journal of religion, journal of African studies and other scholarly journals. Books that discussed both traditional and scientific medicine were also included. This proved very essential for the research. Some of these books were derived from the online source of the Prempeh II Library at Kwame Nkrumah University of Science and Technology (KNUST). This and the Faculty of Social Sciences library provided books like Addae's *History of Western Medicine in Ghana*

and Acheampong's "Themes in West African History" among others. Information from these sources provided essential details on the period before 1901. Again, the responses from the interviewee provided details about the concept of healing employed by the Wesleyan Mission in Asante and Kumase in particular. Information gleaned from these sources have been presented thematically in a narrative form.

Discussions

The paper is organized into four sections. The first section focuses on the Introduction and method used in conducting the research. The second section focuses on the discussions; attention is paid to highlighting of key issues from the literature concerning the role of churches in the Ghanaian community; missionary and scientific medicine and traditional medicine and approaches.

The others include a background on the coming of the Wesleyan Mission into Asante. This study's the first missionary station established and how the faith spread to other areas in Asante. The next theme discusses methods and procedures used by the traditional medical practitioners to combat diseases in Asante. The third theme focuses on the methods embraced by the Wesleyan Mission to combat diseases in Asante and the impediments that obstructed their activities. The final theme details the achievements of the Wesleyan Mission in the field of disease combating. The fourth section climaxes the study with the conclusion.

The following questions have been framed to guide the discussions:

- What was the method of combating diseases in the Gold Coast prior to the coming of the Wesleyan Mission in the nineteenth century?
- What led to the emerging interest of the Wesleyan Mission in the field of disease combating between 1901 and 2000 in Asante and Kumase in particular?
- What were some of the constraints faced by the Wesleyan missionaries in combating diseases between 1901 and 2000?

- What were some of the achievements of the Wesleyan Mission in the field of disease combating between 1901 and 2000?

The Arguments for the Contributions of Churches in Ghana Thus Far

This section is organised into three parts. The first part dwells on the definition of key terms, the second and third parts focus on the Traditional and Missionary form of therapeutics in the field of medical services. Here, attention is paid to authors/practitioners views on diseases, healing and causative agents among others.

‘Religion in Ashanti Province’ authored by Ray (1963) that highlights how religion facilitated the development of Asante, and the nature of religion in Asante prior to European contact and the penetration of missionaries in particular was sourced. Also, the work of Amoako ‘Towards Earth keeping, an indigenous Perspective’ was also found useful in a sense that the author stressed on the relationship between religion and ethics especially in relation to environmental conversation and how this was intended to protect the health needs of the people in the society. Again, the work, “Scottish missionary and African Healers: Perceptions and relations in Livingstonia Mission 1875-1930” which was authored by Markku details the relationship that existed between the missionary bodies and the local healers in what is now Northern Malawi and further examines how the Scottish missionary doctrines contradicted the African belief systems in the field of combating diseases as espoused by Adu-Gyamfi (2015) who paid attention to ‘Spiritual and Indigenous healing practices among the people of Ghana; A testimonial from the twenty-first century practitioners and Recipients’ in Kumase’. This study in particular stressed on the need to develop a more holistic approach to medical practices in Ghana. These studies among others were also found useful. Using Asante as a case study, Adu-Gyamfi explores alternative means of healing focusing much on the means and ideas behind the method employed by both orthodox and traditional medical systems. Other relevant materials include Twumasi (1975,1957), Adu- Gyamfi et al (2013), Adu-Gyamfi (2015), McCaskey (1981), Anyinam (2014), Schumacher et al (2007), Barham (1962), McCaskey (1986), Voeks(1993), Dove (2010), Owens (1972), Tremearne (1912), and Oslen (2002) among others.

Definition of key terms: Disease and Health

The Cambridge advanced learner's dictionary defines disease as an illness of people, animal and plants which is caused by infection or failure of health rather than by an accident.¹ However, the concept of disease differs from the African perspective when Onwuanibe argues that African philosophy of medicine depicts disease not by environmental or bacteriology but rather by supernatural causation owing to the belief in magico-religious act (Onwuanibe, 1979). This is re-echoed by Twumasi when he argued that diseases in the African society, that is, Ghana, centres on the social causation theory which is usually related to the behaviour of the individual who constitute membership in the society (Twumasi, 1975). This correlates with Adu-Gyamfi's view on the fact that the African Society had its own belief system which culturally determined the pattern to which the diseases were combated (Adu-Gyamfi, 2015). However, traditional medicines do not solely define diseases as non-scientific especially when it cured them. In view of this, Onwuanibe argues that what was a mystery and sounded miraculous or unscientific became comprehensible with the use of radio-waves (Onwuanibe, 1979).

The Indigenous Medical System

According to the WHO, traditional medicine has a long history. It defines traditional medicine 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, metaphysical and mental illness (WHO, 2013). Traditional medicine is an important and often underestimated part of health care. In many parts of the world, policy makers, health professionals and the general public are wrestling with issues regarding the safety, effectiveness, quality, availability, preservation and regulation of Traditional medicine (WHO, 2013). The traditional health care system in Ghana is a holistic one which integrates the peoples' social, ethics, religious, morals and cultural values. Also, the health of an individual in the African setting has a link with the metaphysical and the supernatural world. This position is supported by Neba when he stipulated that most traditional African

¹ Cambridge Advance Learners Dictionary.

cultures believe that to maintain the health and vitality of human beings, they have to address forces in both the natural and the spiritual world (Neba, 2011). He argued further that before the advent of Western science, medicinal practice as applied to human beings was probably very similar in all parts of the world and the healing art consisted of two major elements that were often used in combination: The application of natural products and an appeal to spiritual forces. Natural products included extracts or decoctions from leaves, roots, oils, fats, animal parts or insects (Neba, 2011). Similarly, Anquandah (1997) has argued that the traditional healer is considered not just as one who alleviates symptoms but has the capacity or the responsibility to restore the balance of the body through his spiritual and material agency to achieve mental, physical and spiritual wellness for the people (Anquandah, 1997). Anquandah identified three main classes of traditional healers in Africa and Ghana in particular. The first group is the herbalists with profound knowledge of plant medicine who produce and dispense products. He also identified the second group as herbalists willing in addition to pure herbal practice, to engage in supernatural occult practices. A third group comprises of shrines or cult priests who have herbal knowledge but operate essentially as media or agents of deities from whom they receive directions regarding disease diagnosis and cure (Anquandah, 1997). This classification however looks complex. Other authors such as Adu-Gyamfi also identified the various categories of traditional healers as the Indigenous Priest Healer (IPH), Herbalist, Traditional Birth Attendants and other specialized non-herbal medicine practitioners like Bone-Setters, Spiritual Healers among others (Adu-Gyamfi, 2015: 43). This ethico-religious or magic belief in the causes and cure of illness is justified in the Traditional African belief in social causative theory of disease as advanced by authors such as Twumasi (1972), Onwuanibe (1997), and Adu-Gyamfi (2010). Twumasi and Boansi in Adu-Gyamfi argued that medical systems have ties with the way of life of a people and that the institution of medicine has ties with philosophy, religion and belief systems. In the indent below, Twumasi and Bonsi argued that:

In considering health behaviour, one realised that the individual manifested a deep sense of order and perception in his relationship with others in both human and spiritual worlds. He/she believed that deviations and disobedience at personal

and social levels could bring penalties from the spiritual world and that sickness and bad health were some of the inevitable consequence of such deviant behaviour (Twumasi and Boansi, 1972).

Thus, the quest for longevity and well-being created a desire in the individual to search and come to terms with both the physical and spiritual forces in his environment (Twumasi & Bonsi, 1972). Again, in the African worldview, since human interacts with spirits and deities, all sicknesses and epidemics are often regarded as an imputation of guilt by the individual, family, village or the people as a whole (Onwuanibe, 1997). Likewise, Morns and Bossard in Neba distinguished between four causes of diseases from the perspectives of an African. The first is the natural cause of disease, equated with acts of God; the second is diseases related to moral or ritual infringement (sexual abuse, stealing, killing, etc.). The third kind of disease is associated with witchcraft or sorcery. Finally, there are diseases associated with spirits like the ancestral spirits (Neba, 2011). From this angle, one can argue that the traditional African is not purely a material person. To him, everything that happens has a spiritual connotation and as such endeavour to seek cure and solutions through spiritual means. Also, good health is enjoyed when one is able to balance and maintain good relationships with the ancestral spirits, deities and the environment in general. This spiritual based and non-materialistic conception of Africans about the causes and cure of diseases has been scrutinised and criticised by several scholars. To some people, it reflects the weaknesses of the traditional medical practitioners rather than their strength. Anfom in Anquanandah maintained that:

The handicaps which the traditional practitioner has in the area of diagnosis on account of lack of knowledge in anatomy, physiology, pathology etc and his inability to conduct a proper physical examination and if necessary support this with laboratory and other tests..... Because of the difficulty in diagnosing correctly, the practitioner tends readily to ascribe supernatural causes to disease which present problems. To him, the root cause of any problem is to be found in the supernatural (Anquanandah, 1997).

This assertion however is contested because the African is naturally a non-materialistic but rather a spiritual being whose beliefs transcend the normal or physical world to the metaphysical world. Therefore, it would be grossly inadequate to compare the traditional medical system practice to Western medicine and condemn the former. Each medical system has varying and to a larger extent, opposing philosophies so far as health and diseases are concerned. This criticism however, needs not be over-stretched because according to Maier, the Asante people recognised the need and hence developed methods of treating physical illness by physical means (as opposed to spiritual means). She argued further that the physicians were organised and given recognition by society according to their level of skill; they approached the expansion and development of their occupation with the care and rationality shown in all advancing societies (Maier, 1979).

The traditional or indigenous medical system of the Traditional African is purely holistic comprising of both physical and metaphysical beliefs and practices. The African believes in the social causation theory of diseases and as such believes that good health are rewards for balancing and maintaining a good interpersonal relationship with the ancestors, gods, spirits and the environment as a whole. Disease and ailments are consequences of the breach of the social order or an act of offence against a spiritual being or a fellow human being (Adu-Gyamfi, 2015).

Thus, the above was the existing health belief system prior to the arrival of the Europeans missionaries and colonialists. It was on this basis missionaries endeavoured to promote the health of the people. This belief system of the Traditional African, more or less compared was that which was held by the Christians and other agencies before the advancement of science and technology in the medical field. However, the missionary endeavour to promote good health and combat of diseases was modelled along the Western concept and institutions of healthcare which sharply defied the traditional system of healthcare.

Scientific Medicine

The history of scientific medicine in Ghana has roots in the presence of Europeans and the formal declaration of the Gold Coast as a protectorate (Addae, 1997: 25). Western medicine worked hand in hand with missionary

medicine, a factor which was necessitated by colonial or European efforts to 'modernise the African continent'. This had been one of the prioritised submissions of the Berlin Conference of 1888 (Boahen, 1985: 782). Addae argued that Western medicine gained solid grounds in the Gold Coast due to two major reasons. This included the constant increase in European population including missionaries as well as the zeal to erode the concept of Africa being the grave yard of Europeans (Addae, 1997). This is in line with Adu-Gyamfi's assertion that British advancement in medicine in the Gold Coast was to seek treatment for themselves than targeting the black population who paid much of the tax (Adu-Gyamfi, 2016).

Orthodox medicine was introduced into Asante on the basis of doubtfulness. Both the colonial government and missionaries had challenged the potency of traditional medicine; hence recommending the former at the expense of the later in case of any medical problem. This was partly due to the fact that missionaries and colonial officials did not share in the belief of traditional medical practitioners who combated diseases. As argued earlier by Twumasi, traditional medicine dominated the medical scene of the Gold Coast prior to the formal introduction of orthodox medicine (Twumasi, 2005). Though the first attempt made by the British to institute a formal medical unit dates back as far as 1878, Addae argues that the colonial government performed poorly towards the extension of these medical units to the indigenes. Twumasi argued that since its introduction, Western medicine have presented the indigenous African with two medical systems to choose from. He further postulated that, its existence dates back as far as 1844, with British medical officers sent to take care of colonial officials (Twumasi, 1975). However, Africans had initially showed apathy towards Western medicine when its frontiers were extended to them initially (Addae, 1997). Addae claims this was as a result of the African populations' dependence on indigenous practitioners at the expense of scientific medicine. However, the question; whether the Africans did not want to accept the dictates of Western medicine also brings to the fore the argument concerning how many health centres were available to them. This can be analysed critically by tracing the history of hospitals or health centres in the present region; Ghana.

Health centres in Ghana

A hospital is an institution that is built, staffed and equipped for the diagnosis of disease for the treatment of both medical and surgical issues of the sick and the injured and for their housing during the process (Fralick et al, 2017). The Europeans built hospitals and other health institutions in the colony. Institutions that dominated the health scene included dispensaries, nursing institutions and military health centres which were later converted to civil hospitals (Addae, 1997: 26). Experimentation as argued by Twumasi dominated the methods of diagnosis of these hospitals as opposed to the traditional cosmology which concerns supernatural associations or links to diseases. Diseases or health problems which dominated the epidemiological list of these health institutions included yaws, malaria, worm infestation, yellow fever and sleeping sickness. These were highly associated with the environment as well as insanitary conditions of the Gold Coast environment (Acheampong, 2006). This corroborated Twumasi's argument that "Europeans developed a technology to deal with most of these diseases. Scientific medicine began to gain acceptance and was reinforced through the process of formal education, changes in residence, access to income and resources among others" (Twumasi, 1975: 63).

Guggisberg was the first colonial governor to attempt a western health plan for the colony. The Secretary of Colonies, Joseph Chamberlain ensured that the school of Tropical Medicine was established in London and Liverpool in 1898. But this was racial in nature since it took and put first the health interest of the Europeans in the colony. Acheampong argued that this advancement in medicine enabled the development of quinine which facilitated the combating of malaria in the colony. He further noted that it was due to economic, political and social reasons (Acheampong, 2006).

For political reasons, health centres were concentrated in areas like Keta, Accra, Cape Coast and Elmina. These centers initially served the needs of military workers but were later used as civil health centers (Addae, 1997: 26). This was due to a large concentration of European population in the area. It should be noted that between 1878-1913 no attempts were made to integrate traditional medical practices into orthodox medicine. The fear of European lives in any town dominated the reasons for the establishment of hospitals in such towns. Asante had its first health centre in the 1880s. This was as a result of a

resident commissioner in the region. Medical attention was given primarily to Europeans or African workers including government officials, troops, police and the Hausa constabulary. In relation to this, the indigenous population began to receive limited medical help only after European mortality rate was reduced by the 1890's (Addae, 1997: 26).

Places in the country where medical facilities were built as a result of economic activities include Sekondi-Takoradi and Axim. This was due to its strategic location connecting Kumase to the Harbour; especially Axim which had a natural Harbour. However, mass spread of hospitals to reach the black population was started by Clifford and extended vigorously by Guggisberg. The latter felt that, the local indigenes were to benefit from the taxes they paid (Ibid: 16). It is on this note that Anyinam asserted that the increasing spread of scientific medical practices in the country (Ghana) which started in the colonial period; is a potential threat and can erode Traditional medical practices (Anyinam, 1987). Per the cultural setting of the traditional society of Ghana, the traditional medical practices will metamorphose in an evolving Ghanaian society (Gildea, 1963). This presents the backdrop upon which one could access the impact of missionaries in the medical practices milieu of the Gold Coast. Though colonial medical system may sound racial, it at least prepared the take-off point for the post independence Nkrumah's government contribution towards the provision of healthcare for the people of Ghana.

Missionary Medicine in Ghana

The idea of diseases having roots in both spiritual and physical sense has attracted remedies from both science and non-science approaches (Adu-Gyamfi, 2015). Diseases in the African traditional society are believed to be caused by the misdemeanour of individuals in the society. This misdemeanour contradicts the taboos of deities hence the individual is punished with sickness or ailments. The WHO in 1978 Alma Ata declaration supported the integration of Traditional medical practice into health sciences of developing countries (Schumaker et al, 2007). In this region, missionaries and traditional priests used deliverance and exorcism among other methods to deliver people from evil spirits who were and are still believed to be disease causative agents (Mohr, 2009). In contrast, the approach and philosophy employed by the missionary bodies to combat diseases

contradicts that of Traditional medical practitioners even though both believe in the existence of some form of Supreme Being. Dove has argued that scientific medicine has led to a sustained negative impact on traditional medical practice in Ghana which is widely accessible in the country (Dove, 2010). Similarly, Mohr has argued that the missionary concept of traditional medical practices as fetish prepared the grounds for such perceptions (Mohr, 2009). Even though some of these missionaries were healed by these Traditional Medical Practitioners (TMPs); their misconceptions about the entire customs and practices of the Africans dominated their prejudices concerning the medical system of Africa. Though scholars have written extensively on missionary relation with Africa, that of their impact on the indigenous medical systems of the continent of Africa and Ghana in particular has not received much academic/intellectual and historical appreciation.

Racial approach as employed by colonial officials were also used by missionaries, they saw African indigenes as helpless within the reach of medicine. This was because of their preconceived ideas concerning health approaches on the continent. However, Hayford reports that:

Missionaries who go to uncivilised lands have a very serious responsibility to the ignorant natives by whom they are often surrounded. Christianity and Sanitation must go hand in hand. ...It is clear that if anything is to be done, the missionaries themselves must do it. In cases of epidemic of plague, small pox, cholera, sleeping sickness as well as the innumerable distressing wounds and ulcers from which the people are suffering, the missionary is the only person who can possibly render any assistance... (Hayford, 1904)

These ideas do not only depict the essential duties performed by the missionaries in relation to the health and well-being of Africans, but it is a contradiction of Donkor's assertion that prior to colonization, Kumase had a clean and distinct environment. Donkor refers to Winniet concerning the description of Kumase within the period under review that:

"Kumase is very different in its appearance from any other native town that I have seen in this part of Africa. The roads are generally very broad and

clean and ornamented with many beautiful Bayan trees, affording a grateful shade from the powerful rays of the sun” (Donkor, 2004). Such report however, emphasizes the fact that the indigenous population in Asante and Kumase in particular understood the need for a serene environment and good health.

Method Employed by the Missions to Combat Diseases in Ghana

The belief in the existence of sickness as a reference to Satan by missionaries led to them resorting to healing through deliverance (Mohr, 2009). This is similar to the African concept of diseases. Methods like exorcism as well as the establishment of healing homes were used by missionaries to heal diseases (Onwuanibe, 1979). The mode of administering this kind of care was through preaching, prayer and crusades. Medical healing exhibited by missionaries prior to the germ theory depended much on non- scientific approaches.

Bacteriology revolutionized the system of healing employed by the missionaries (Mohr, 2009). Though they had continued to stress on piety healing, the missionaries equally took keen interest in scientific medicine. The spiritual approaches and scientific methods of healing were communicated and worked effectively. This was seen in the indigenes profound faith in the healing powers of these missionaries at the expense of Traditional Medical practitioners (TMPs). Addae argued, the indigenes were still attached to their traditional means of healing (Addae, 1997). The missionaries challenged the Akan system of healing due to the central figure and beliefs in oracle consultation for healing. Colonial rule in Ghana made biomedicine a popular means of healing. Biomedicine or western therapeutics stood against the traditional doctrine of disease healing in terms of practise and philosophy. Significantly, the gradual emergence of the Pentecostal and other indigenous African Christian Churches influenced the general pattern of patronage of different forms of medicine including the scientific form of healing and Christian philosophy of healing. Again, the philosophy of spiritual healing including prayers of various forms by the then emerging Christian and spiritual churches, indirectly gave credence to some form of indigenous medicine.

It can be inferred from the above that missionary medicine might have metamorphosed alongside traditional medicine and western medicine. The

belief in both physical and spiritual causes of diseases was paramount; hence it is common to notice missionaries of contemporary times also in the field of scientific medicine.

The Wesleyan Mission Medicine in Asante

This theme explores how the work of the Wesleyan mission advanced in Asante. It gives the chronological incidents that led to the establishment of the Wesleyan faith in Kumase which later spread to other areas. Activities of men like Rev. Joseph Dunwell, John Mills, James Hayford and Thomas Birch Freeman in relation to the establishment of the church has been discussed. The immense contribution by The Wesleyan Mission to the health of the Asante people would not have been possible without the establishment of the Methodist Church in Kumase.

The Wesleyan Mission in Asante

The Mission owes its existence in Ghana to the zealous efforts laid down by Rev. Joseph Rhodes Dunwell whose arrival saw the inauguration of what became the Methodist Church of Ghana in 1835 (Aboagye-Mensah, 1992). Prior to their coming, earlier churches like the Roman Catholic Church, The Church of England; the Anglican Church, the Bremen Mission and the Basel Mission had attempted to Christianize the indigenous people of Gold Coast but with little success. Most of these churches were concentrated in the coastal areas and missionary activities had not spread extensively to hinterlands like Asante (Debrunner, 1967).

In Kumase, the Wesleyan mission started as a bible reading society known as the Society for the Promotion of Christian Knowledge (Bartels, 1965: 45). This group was started earlier by two products of the school established by Philip Quacoe, a mulatto Anglican Priest (Nkansah, 2017). Joseph Smith and William de Graft prepared the grounds for Rev. Dunwell who later inaugurated the faith in Gold Coast (Bartels, 1965: 40). The coming of the Wesleyan Mission was motivated by the then president of the Gold Coast Merchants Association, Captain George McClean. With his help, Dunwell established what became known as the Methodist Church in Ghana in 1835. However, he died six months later in the same year.

The death of Reverend Joseph Dunwell led to the search for whom to steer the affairs of the Wesleyan faith in Gold Coast (Southon, 1934: 76). In view of this, subsequent missionaries came to continue the work of the Wesleyan faith. These included Rev. and Mrs. Wrigley and Rev. and Mrs. Harrop. These couples also died in the year 1836. The prime cause of death among earlier missionaries in the Gold Coast was the high incidence of malaria (Addae, 1997). These deaths were not only limited to missionaries but also colonial officials and European settlers (Ibid). Though the discovery of quinine as anti-malaria drug and the employment of racial methods of disease combating like segregation led to the gradual increase in the number of European Population, the Wesleyan Mission adopted the use of mulattos to spread their faith in the Gold Coast (Bartels, 1965). An example of these mulattos whose impacted greatly enhanced the advancement of the Wesleyan faith in Kumase was Thomas Birch Freeman. His mother was English named; Amy Birch and the father, a freed African slave (Ibid).

Little is known of Freeman's childhood days but at the age of thirty, he worked as a head gardener on the Suffolk estate (Milum, 1893). He lost his job when he joined the Wesleyan Mission with an increased Methodism activity. He arrived in Gold Coast in the year 1838. Thomas Birch Freeman was the minister who established the first Wesleyan mission post in Kumase; this became the first missionary activity in Asante. As argued by Bartels, Asante's hostility towards missionary activity was in relation to the fear of cultural infiltration by the works of those missionaries (Bartels, 1965).

Even though Freeman established the first Wesleyan post in Asante, the activities of the church in the region was started by Mr. Hayford. Mr. Hayford organized services with the Fanti traders in Kumase; it is on this note that some sources name him as the pioneer of Methodism in Asante (Southon, 1934). Through his services, Hayford established friendly relations with the *Asantehene* Nana Kwaku Duah I, this together with other diplomatic relations established by Freeman, led to the establishment of the first Wesleyan post. Presently it is known as the Methodist Diocese in Kumase. Another person whose activities also enabled the establishment of the Wesleyan Mission was John Mills (Bartels, 1965).

Thomas Birch Freeman embarked on a mission to Kumase in the Year 1839; however his trip was delayed in the process. He was stopped at Kusa and Fomena and stayed for forty eight days. Nana Kwaku Duah I later sent associates to accompany Freeman to Asante. Upon his arrival in Asante on April 1st 1839, Freeman was cordially received by the *Asantehene*. Though he had later tried to convince him of stopping the various human sacrifices, Freeman was granted the permission to conduct two open divine services during his stay in Kumase (Milan, 1993). He was accepted by the *Asantehene* and people due to his humble and friendly nature; this made an essential impact on the development of the Wesleyan faith in Asante.

Freeman returned to Cape Coast on 15th April 1839. On his return to the Coast, he returned to Britain with De Graft and solicited for funds (Southon, 1935). He claimed Asante was in the dark and needs God's message to be enlightened. The publishing of the journals he wrote during his stay in Kumase enabled him secure the fund. He then returned to Kumase in 1841 (Nkansah, 2017). On his return to Kumase, He had with him presents, which included; a carriage, table, twelve chairs, a table union, dinner, breakfast and tea sets (Ibid). Freeman also returned the two Princes of Asante, Owusu Ansah and Owusu Nkwantabisa who were taken as security as a guarantee for Asante's observance of the tripartite treaty of 1831 signed at Fomena (Bartels, 1965). Freeman's second contact with Asante was not only for religious purpose but also diplomatic. He was to negotiate terms between the *Asantehene* and the British Colonial Administration. This was to see Asante's acceptance of British protection. Though it was unsuccessful, Kwaku Duah I granted Freeman's request of establishing a Wesleyan mission post in Kumase in the year 1842. It was from this end that the faith gradually spread to Krobo Odumase and other areas. Reverend Brooking became the first resident minister to be stationed in Kumase in the year 1961.

The Wesleyan Mission did not limit its activities to only evangelization and Christianization. They extended their sphere of influence to every sector of the Asante community. This was as a result of the perception they held about Asante prior to their coming. Bartels has reported that:

...The greatest challenge to the Wesleyan Mission was how to spread the gospel to Ashanti, the Wesleyans had been pre-occupied with Ashanti consisting of tales of horror, wretchedness and cruelty. This had been the conscience of Freeman when he embarked on the journey to Asante though it was confirmed when he got to Fomena, by the number of dead bodies, he was received by the *Asantehene* with an opening durbar and songs when he got to Kumase... (Bartels, 1965: 40)

The picturesque evidence of the cruelty of Asante as expressed in Bartel's account is contrasted by same report which points to the hospitality of the people of Asante and the Asante King.

The Wesleyan mission also showed interest in the social and economic developments of the people of Asante. These developments can be seen in the number of schools they established. They include the Wesley College of Education, Kumase Wesley Girls High School, the Prestigious Prempeh College, and the Kwadaso Methodist Women training center (Nkansah, 2017). These social developments were climaxed with the mission's interest in combining both physical and spiritual means to combat diseases. The number of health centers established by the Wesleyan missionaries do not only speak to this achievement but also points out how they saw health as an essential requirement for the people of Asante and through which they could spread their faith hence extending the European mode of culture (Southon, 1934: 75).

The Methods Employed by the People of Asante to Combat Diseases prior to the Coming of the Wesleyan Mission

The people of Asante relied on traditional means of disease combating prior to the coming of the Wesleyan Mission (Adu-Gyamfi, 2016). These means rested solely in the hands of health specialists in which the people of Asante entrusted their lives. This group included Traditional Birth Attendants, Indigenous Priest Healers, Herbalist, and Traditional Bone Setters and Circumcision Surgeons (*Wanzams*) among others (Adu-Gyamfi, 2010). These group of indigenous healers were collectively referred to as "fetish priest or men" an idea which did not only denotes misconception but medical

imperialism (Schumaker et al, 2007). The discussions under this theme explored the means in which the groups combated disease.

Traditional Birth Attendants (TBAs)

The importance attached to birth as a means to preserve man's creation depicts the importance of the role performed by traditional birth attendants in Kumase (Adu-Gyamfi, 2010). The strong attachment of birth is a general notion held by the traditional setting of Ghana; hence childlessness is seen as a curse, since the highest expectation of marriage in traditional Asante is child birth (Ibid). Pregnancy and care of infants was the sole responsibility of TBAs in Kumase prior to the influx of missionary medicine (Ibid). This type of care required the services of special attendants who blended spiritual and physical care to ensure safe delivery of children in Asante. These attendants were known as Traditional Birth Attendants (TBAs).²

The services rendered by the TBAs range from pre-natal to post natal services for both the mother and the infant. The nature of their services required an individual who was very skillful and endowed with in-depth knowledge in herbs. Adu-Gyamfi referred to TBAs as "mostly old women who were part of a kin group and were noticeable experts in caring for people and had expert knowledge of herbal application" (Adu-Gyamfi, 2016). The nature of their activities point to the need for a long period of skills and knowledge before one can become a skilled birth attendant in Kumase.³

Traditional Birth Attendants resorted to aiding pregnant women through the natural means of child delivery. The delivery stage is considered as the most crucial stage of the whole birth process (Adu-Gyamfi, 2016). This is believed to be the stage where the woman struggles for survival. The people of Asante also believe that, witches and other evil forces attempt to prey on the soul of the pregnant woman and the child. In view of this, the TBAs resort to protective amulets and medicinal herbs which were believed to drive away evil forces (Adu-Gyamfi, 2015). These amulets are usually hanged at the doorstep of the pregnant woman and also at the delivery room of the TBAs. Since it is the collaborative duty of the pregnant woman and the TBA to ensure a safe

² They are also in some instances referred to as Skilled Birth Attendants.

³ The Birth attendants spends several years of training; specifically, there is no exact time frame for this.

delivery (Adu-Gyamfi, 2010), concoctions and decoctions; mixed by the TBA are taken by the pregnant woman. The attendant also prescribes required foods for the pregnant woman. Post-delivery services were also rendered by the TBAs. This usually deals with diseases that inflict the infant. Some of these include fever, bloated stomach and malaria among others. These cases are addressed using prescribed herbs based on careful observations and treatment of similar cases for a long period of time. Traditional Birth Attendants were well vested in the maternal health of Asante. Their activities rested both in the large belief systems of the African Traditional Medical milieu; grounded in the magico-religious systems and herbal knowledge. Even with the advent of the Wesleyan Mission and the practice of the Wesleyan philosophy of medicine, the TBAs continued to have influence on the people of Asante.

Circumcision Surgeons (Wanzams)

Another effective medical service in Asante prior to missionary medicine was that of the Wanzams. Wanzams concentrated on surgical issues (Adu-Gyamfi and Osei-Wusu Adjei, 2014). Their services are discussed in the subsequent paragraphs briefly.

The medical practices of Wanzams were not indigenous to the people of Asante. It was introduced by a class of Muslims who migrated into Asante, Adu-Gyamfi and Osei-Wusu Adjei referred to them as Muslim Physicians (Ibid). The practice of circumcision is as old as history itself which traces its roots to the Middle East and was part of the heliolithic culture (Rizvi et al, 1999). The act was performed by the Wanzams not for medical but religious purposes (Adu-Gyamfi and Osei-Wusu Adjei, 2014). They associated it with the Prophet Mohammed hence acquired the name *Sunnah*; the Prophet's tradition (Rizvi et al, 1999). The practice was not willingly accepted into Asante since it depicted mutilation. As a result of this royals were prevented from engaging in it. An ordinary Asante could not also partake in it for the sake of custom and tradition (Adu-Gyamfi and Osei Wusu-Adjei, 2014).

However, the practice became widely associated with Asante by the first half of the twentieth century. This had resulted from social conditions such as the preference for a circumcised penis to an uncircumcised one. Other factors resulting in the latter were the earlier high repute Muslim medicine had gained

in the nineteenth century and the development of Muslim communities such as Moshi Zongo, Aboabo and Asawasi in Kumase. It is important to point out that Juadaeo-Christian beliefs as introduced by the Welsyan Mission and other mission groups supported or encouraged circumcision to an extent. These communities hosted a number of Wanzams who rendered circumcision services. Other services rendered by these surgeons included shaving and barbering.

Circumcision involved removing of the periplus from the tip of the penis. This is scientifically believed to host dirt causing sexually transmitted ailments. However the practice was not developed by the colonial administration. The Wanzams also taught TBAs how to circumcise newly born babies. The increasing awareness of scientific medicine in the society pioneered by the missionaries opened the field for orthodox practitioners to offer stiff competition.

Indigenous Priest Healers (IPHs)

Prior to missionary and scientific medicine, IPHs had proven to the indigenous population of Asante, the worth of traditional medicine. Their practices, like that of TBAs were grounded in superstitious beliefs. This did not mean their healing methods were restricted solely to religious practices. However, their medical prescriptions were embedded in a magico-religious system (Adu-Gyamfi, 2016).

When the individual is sick, he might consult his or her family deity at home. If such consultations fail to yield any better remedy, he then proceeds to the IPH. The indigenous healer is seen as a state physician; hence addressing medical matters as such. Sickness in Asante is not only restricted to the sick individual alone but the family and the community in which he or she lives.⁴ Hence, before they sought for a remedy in times of sickness, the family conducted a meeting in which they decide which type of healer and remedy the individual needs. IPH also existed at various levels in Asante with each having a specialty. They were skilled in dealing *Sunsum Yadee* (spiritual sickness) even

⁴ This is what the Very Reverend Dr. Coffie calls family medicine. He indicated that the concept of family medicine is widely practiced in Asante than the western world. The idea of individualism makes it infamous even though it may exist.

though they applied herbs in their healing endeavours (Adu-Gyamfi; Adjei, 2017).

Diagnosis of the sick person by the IPH mainly rested on the faith/belief of the individual and that of the practitioner. The IPH manifests this by either consulting his deity for remedies or can tell by experience; that is, knowledge which comes due to long practice of treating similar infirmities or cases. He then may resort to singing, dancing as well as fumigations of varying herbs and smells. All these actions are meant to drive away the disease causing demons (Adu-Gyamfi, 2010). Twumasi has reported that:

...In treatment, the sick may be deemed rest and quiet for simple reason that the causative agent (disease demons) must be allowed no peace. At times demons are frightened away by terrifying masks and grimaces by noises and dancing. The demons are also smoked out by unbearable smells and fumigations... strong demons are lured elsewhere to take their aboard in some scape goat or an inanimate object, a clever one must be appeased with sacrifices and precious gifts... (Twumasi, 2005)

Medicine may be in decoction or concoction form depending on the type of sickness. Most concoctions are made from herbs as well as roots of trees. In some cases, marks are made on the sick person with a powdered substance inserted in it.⁵ The sick person is accompanied to the shrine with a supporter who stays with him or her throughout the medication process. This supporter is responsible for all fees to be paid and any other requirement such as household items. In case the sick person passes on during the medication process, interpretation is given that, the person either disrespected an elderly person or the deity. In view of this, “such deaths” are seen as punishment resulting from the disrespecting nature (Twumasi, 2005).

⁵ This are usually associated with sicknesses which are not necessarily herbs. The powdered substance is usually referred in the Akan dialect as *Mmoto*.

The Wesleyan Mission Concept of Disease and Healing

This theme discusses how the Methodist Church of Ghana understood disease and healing. It provides fruitful background to understand the method they employed to combat diseases. The Wesleyan Methodist concept of diseases had little or no similarities with the traditional concept of healing in Asante. The Wesleyan concept of disease and healing stems from the belief and principles of healing espoused by John Wesley who is the founder and father of the Methodist Church (Maddox, 2007).

Wesley's interest in Medicine developed during his training as a clergy. Studying basic medicine was part of the requirement as a clergy. When he acquired the skill, he provided medical assistance to the dwellers of small villages. His diary revealed that, he purchase several medical journals and treatises written by scholars like Robert Boyle. This was when he received training also at the Oxford University. He also added to his medical knowledge by consulting the Philosophical Transactions of the Royal Society and the Medical Transactions of the Royal College of Physicians. These readings and training bestowed him with great knowledge in the medical field. He devoted his training as a clergy to the medicine for the service of mankind. John Wesley published several books in the field of medicine. These include; *Advices with respect to Health*, extracted from Tissot (1769), *Electroconvulsive therapy* (1747) and a letter to a friend concerning tea (1748). His most important work was the "Primitive Physik" thus advice on health and healing in 1757. In this work, he advised that health should serve as an essential component of services delivered by the Methodist Church to their communities (Maddox, 2007).

Wesley believed that health was integrated with salvation. He elaborated that the fitness and wellness of an individual is tied to the salvation doctrine of Christianity. He maintained that, when Jesus Christ gave himself up on the cross to save mankind from his sinful acts, the spiritual aspect of man's diseases was healed entirely and that there was only a need for the application of physical remedies; hence scientific medicine. In view of this, Wesley viewed disease as a result of bad deeds of an individual, a belief which was also common to the traditional conception of medical practices in Asante. Thus salvation catering for the spiritual aspect of the individual infirmity, medical diagnosis and prognosis catered for the physical ailments. In relation to this, the people of

Asante relied on herbal medicine to fill the remedies for the physical ailments. Wesley blended spiritual health with physical health, extending this kind of care to the poor and needy. It is based on this that Wesley had structured medical concept of the Methodist Church (Maddox, 2007).

Concerning salvation, Wesley believed it was the only ticket to an individual's wellbeing. He advised members not to rely entirely on spiritual care but also seek medical care where necessary. He opposed the church's idea of its members relying solely on the services provided by the clergy. This care employed only the spiritual means of healing and opposed professional medical care which was developing in Wesley's time. He opted for both approaches to healthcare (Holifield, 1986: 89). His recommendation for certified medical personnel signifies his respect for professionalism and quality of service.

He also valued both traditional and professional means of combating diseases as well as healing. Though he hated the idea of spiritual healing as the only means to healing, he ensured its continuance since it was an established tradition. However, to a very large extent, his training and reading of excellent journals relating to the medical field influenced his decision on spiritual care (Wise, 1942: 47; Maddox, 2007). He stressed on the need for a qualified and honest physician and opposed doctors who exploited patients seeking their medical services. He stated that "it was best in some instances to consult a good and honest physician who is virtuous". This symbolizes how Wesley saw the Christian principles of honesty and virtues as inseparable and that medical service should be provided as a service to mankind and not as an avenue to accumulate wealth. He praised men like John Whitehead as honest physicians.

Another area in which the Wesley Mission conceptualized its practices is the belief in both divine and medical healing. The belief in the divine intervention of God in healing was also a common practice of Asante's traditional medical practitioners (Clinebell, 1992: 76). Wesley saw God as a central figure in every healing process. This belief is also used by contemporary Wesley medical practitioners. Rev. Dr. Coffie stated:

God made the human body in a way that, even when it suffers from diseases it heals itself. Evident of this is when the marks all over Jesus' body was healed after his resurrection, he paved

the way for that...also God in his own wisdom have equipped the doctors with the skill and knowledge necessary for healing purposes, that is why we the Methodist Church combine both scientific and spiritual medicine.⁶

Significantly, the Divine concept of God by the Christian faith is dissimilar from the traditional indigenous Ghanaian and Asante reference to deities which they propitiate. However, the point of agreement between the Wesleyan medicine and the traditional medicine is that both believed and continue to believe in the essence of the spiritual and the practical essence in providing healthcare or cure for the sick. In this regard, healing, deliverance/exorcism among other terminologies has been found within both fields and traditions.

The idea of preventive care was also noted. The missionaries regarded the body as the temple of God hence; it is the responsibility of the individual to keep it holy by not engaging in any sinful act, since the latter results in diseases. To prevent this, Wesley emphasized the individual paying particular attention to his diet, exercising regularly and resting enough. He stated that, these were very essential determinant of good health. Though medical and surgical services have also added to the standards of health, these determinants prescribed by Wesley cannot be underestimated in contemporary times, since they result indirectly in the emotional, psychological and physical wellness of individuals in the society (Maddox, 2007).

These concepts of healing and diseases held by the Wesleyans structured by John Wesley, constitutes the foundations of modern health services delivered by the Methodist Church of Ghana to the people of Asante and Kumase in particular. These concepts have shaped the methods employed by the church to combat diseases.

Methods Employed by the Wesleyan Mission to Combat Diseases

The Methodist Church of Ghana, to this extent has ensured that, the Government did not shoulder provision of healthcare for the people of Asante

⁶ Interview with The Very Reverend Dr. Samuel Coffie in his office at the Kumasi Diocese of the Methodist Church of Ghana on April 21, 2017. Dr. Coffie is a cultural Anthropologist and the head of Health and Prison services of the Methodist Church under the Kumasi Diocese.

alone. According to our informant, the Methodist Church did not intend to satisfy only religious interests. They have also ensured the welfare of their members through what the church has termed, social responsibility services. It is on this note that, the constitution governing the affairs of the Methodist Church stated that, “the Health and Sanitation Division of the Board of Social responsibility and development shall assist the Methodist and others to help meet the health and sanitation needs in their communities”.⁷ The function of the board is to ensure that high quality of health services is provided by the health centers under the jurisdiction of the Methodist Church of Ghana. This depicts how essential health is to the Methodist Church. Dr. Coffie indicated:

health is very essential to us (Methodist) because if a member is not fit, how can he or she attend church services... the Methodist Church is not only in to preach the gospel but to also provide essential services like education, health, gender related aids and prisoners welfare. Our stress on health is to perpetuate the vision of John Wesley when he stated that the church should play a leading role in ensuring good health of their members.⁸

Both spiritual and scientific methods are employed by the Methodist Church in healing indigenes in Asante. These approaches stem from John Wesley’s holistic approach to healing and have dominated their methods of healing.

Spiritual Methods Employed by the Wesleyan Mission

The church as an entity plays a dominant role to ensure the spiritual welfare of its members. The Methodist Church takes into consideration the spiritual wellness of its members. Per their belief system, spiritual wellness acts as the background on which the physical or scientific care can be effective. These ranges from counseling, church services with health talks featuring in it and special health talk services organized by the Methodist Church of Ghana. These programmes are meant to caution the members of lifestyle related

⁷ The Constitution of the Methodist Church of Ghana, 2007 edition, p. 97.

⁸ Interview with Dr. Coffie. (2017)

diseases and also to influence their choice of healthcare, whether formal or informal (Southon, 1934).

The counseling units of the Methodist Church of Ghana (MOG)⁹ and Asante in particular, advise members to desist from attitudes that cause diseases.¹⁰ Here, members are also watched and in case there is a change of behaviour, the individual is called to the counseling unit. The unit then identifies whatever is wrong with the individual whether psychological, emotional and or physiological among others. He/she may be referred to the appropriate referral center afterwards.

The MOG also extends its counseling services to other hospitals. According to our informant, the church pays voluntary visits to hospitals like the Manhyia District Hospital and the Okomfo Anokye Teaching Hospital that are situated in Kumase. They comfort patients who seem to have lost hope of regaining their health. They also console family members as well as patients whose ailments lack possible cure. They place much emphasis on consoling the family after the death of a child, a spouse or relative. Our informant argued that the MOG refers to this as Family Medicine.¹¹

Also, the MOG has tasked nutritionist to educate its members on diet intake. Diet is one of the main determinants of an individual's wellness and this is even enshrined in the common adage, "you are what you eat". Hence, to prevent dietary associated diseases like diabetics, hypertension, obesity and others, the church organizes programmes to screen members for these diseases. The MOG does not concern itself with only dietary diseases but also screen her members for diseases like hepatitis which has become a common phenomenon in the urban areas of Ghana including Asante. They advise members during Sunday services on how to prevent such diseases. These enable members in the society to manifest the Divine Healing of God.

⁹ The Wesleyan missionary is known in contemporary times as the Methodist Church of Ghana, hereafter it is referred to as MOG.

¹⁰ This can also be termed as social or lay medicine, since the individual find himself in an organization which prevents behaviors leading directly to an infirmity.

¹¹ Dr. Rev. Coffie defined family medicine as the concern showed by the society or community in which the sick person lives in. He further explained that, family medicine results from the communal nature of the African Society, Hence every member is concern about the wellbeing of its members.

At the Ankaase Methodist Faith Healing Center in Kumase, prayers are combined with scientific methods to deliver healthcare. Patients are prayed for regularly by ministers provided by the MOG. These ministers are also part of the psychological unit of the hospital. Since the act of healing encompasses both physical and spiritual methods, the latter cannot be underestimated especially in the traditional setting of Asante, where it is strongly believed diseases are associated with demons.

Scientific Method Employed to Combat Diseases

The Wesleyan holistic approach to medicine also embraces scientific medicine. The church though believes in the supernatural intervention of God to heal the sick, it continues to provide scientific validated approaches to help combat the physical ailments of the patients. Stressing on scientific medicine, the MOG of Ghana has eased the pressure on the government by providing quality health care to its citizens. Their clinics and hospitals in the Kumase metropolis have extended health services to the people alongside the ones provided by the government.

These health centers established by the Methodist Church include; the Methodist Faith Healing Hospital at Ankaase, Methodist Faith Healing Hospital annex at Apagya, Methodist clinics at Bebu Ahyiamu, Aburaso, Amakom Lake, Brodekwano, Nyameani and Adum. The first health center to be established by the Wesleyan Mission is the Clinic at Lake Bosomtwe in 1930. This initiative was thwarted by the outbreak of the Second World War but was completed in 1972. The next health center to be established was the one at Wenchi in the Brong Ahafo Region. The clinic served about 24 villages each with an average population of one thousand and five hundred.

The establishment of the Methodist Medical Association (MMA) cemented the position of the Wesley Mission as pioneers of missionary medicine in Asante. This initiative was led by the Chairman of the then Kumase District, Reverend Major (Ret) E.C Bonney. According to our informant, it was the MMA who designed the framework of the medical service delivered today. It has six objectives which concerned itself with scientific medicine. They included:

- The provision of public educational programmes including lectures and plays which will sensitize church members and the general public about health related issues,
- Promoting health care for invalid (sick persons) in the church,
- Establishing primary care posts,
- Provision of first aid at church gatherings.
- Operation of mobile clinics in the rural areas.
- And to build hospital centres and complexes with full facilities.

These objectives played a role in the establishment of various health centers in Asante. Services rendered by these clinics and hospitals include out-patients department services, emergency, labour and in-patients wards. There are also quarters provided for resident nurses.

The Ankaase Methodist Faith Healing Hospital

The Ankaase hospital is the symbolic representation of the blend of spiritual and scientific medicine by the Wesley Mission. The two is combined to provide a holistic care to the people of Asante. As Dr. Coffie stated; “the Ankaase faith hospital is a true representation of how the Wesleyan Mission have manifested the dream of combining both scientific and spiritual care with the latter comprising of faith healing, prayer and deliverance”¹². In other words, it is the physical representation of the holistic medicine prescribed by John Wesley.

The Ankaase Faith Healing Center was initially a community clinic. It rose to the status of a hospital through the efforts of men like J.K Manu and Bonny. These two men convinced the Mission Society for United Methodist (MSUM) to sponsor the project of raising the Ankaase Community clinic to a hospital. The society provided the first hospital staffs in the name of Dr. Jean Young, a pediatric surgeon and her husband, Robert who was also a hospital technician. Bonny also convinced the chief of Ankaase to extend the land given to them for the extension of the clinic as a hospital. This extended unit was used to construct a Maternity facility. The hospital opened service to the public on September 24, 1988. The MOG provided ministers to aid in counseling and also

¹² Interview with Dr. Coffie.

to act as chaplain to the hospital. They worked along with doctors and other health officials to provide the highest possible curative care by combining both scientific and spiritual means of healing. The Wesleyan Mission since its inception of the provision of health services to the people of Asante have presented the people with three alternatives to health care, that is, the scientific medicine, traditional medicine and a blend of scientific medicine and spiritual healing.

Wesleyan Mission Medicine and Traditional Medicine

The conflict between the Wesleyan Missions' mode of disease combating and the traditional concept of healing is the source of their healing as expatiated elsewhere.

To begin with, both believe in holistic approach to medicine; thus, the Wesleyan Mission medicine stresses on the need to incorporate spiritual healing into medical or scientific healing. They believe that, God is at the end of medical service delivery and that He has blessed man with the necessary knowledge needed for medical knowledge application. Thus God solves the spiritual aspect of ailments and the physician applies the knowledge given to him by God to solve the physical aspect. Traditional medical practitioners also believe healing is attained through spiritual means and *Twereduanpon* (God)¹³ is the source of the power to heal. This power they believe is manifested through their deities who are propitiated by the priests and priestesses who also combine knowledge in wide range of herbs (Adu-Gyamfi and Adjei, 2017).

Also, both believe diseases result from the malfeasance or sinful act of the sick person. The traditional priest sees diseases as infirmities inflicted by malady causing demons. These inflictions set in when the individual breaks a taboo. John Wesley on his concept of Redemption also argues that healing is received by accepting Jesus Christ as one's Lord and personal savior and through this, the individual was freed from disease causing demons or forces.

In contrast, the Wesleyan missionaries believe in God as the ultimate source of healing. He blesses man with the knowledge to heal when sick, in view of this, science is to supplement the healing process, hence the combination of

¹³ This is a local Akan attribute of God which literally means one can lean on Him and will not fall.

religion and medicine. The Wesleyan missionary not believing in the traditional philosophy of healing which is characterized by deities aiding in healing, contradicts the traditional methods of healing. The belief in deities by the latter as an intermediary in God's healing is the striking difference here. Another noting difference is that the mission's medical practices have raised the standards of health service in Asante. They believe the traditional medical practitioners in Asante have not lived up to such high standards. This is because the potency of their practices cannot be compared to the one delivered by the Methodist Medical Services. Our informant argued that; "if we are to compare the number of mortality between us and them they will have more than us because they lack the effective care".¹⁴

This idea of the MOG in defining what is right in medical terms can be termed as medical imperialism on the side of the Church. However, culture/world view of the people of Asante would largely influence their choice of different forms of medicine. This notwithstanding, Christianity, education and urbanization has largely influenced their choice of particular medical system (modern) against the other (traditional).

Achievements of the Wesleyan Mission in Disease Combating

The Methodist Church of Ghana has achieved a lot when it comes to disease combating. Their achievements range from instilling of positive behaviors in their members to promote good health and well-being. The MOG has provided lay form of healthcare to the people of Asante over successive years. They have not only focused their methods on scientific means but have also engaged in other strategies like counseling, church education, faith healing, encouraging positive lifestyle and organizing prayer sessions for the sick. These actions have enhanced individual's spiritual and physical wellness within the Asante community. Activities like the health education scheduled for twenty minutes during Sunday services can be said to have added to the government's public health education. The MOG through these talks sensitizes the people's consciousness about communicable diseases and non-communicable ones. This in the long run has generally resulted in healthy lifestyle and a healthy population.

¹⁴ Interview with Dr. Coffiee (2017).

Another area of their achievements is the blend of spiritual and physical methods to provide a maximum quality healthcare for the people of Asante. The doctrinal principle underlying their medical practices has enabled a smooth collaboration of religion and science. The belief in the potency of both scientific and spiritual medicine has affected the remedies delivered by the MMA. With both services available, the wellness of the individual is ensured since he is treated with both methods. The spiritual method here is to cater for diseases which are believed to be caused by disease demons. Sections of these healings are led by the missions provided by the church. They intercede on behalf of the sick individual in order to provide emotional and spiritual cure. The Ankaase Methodist Faith Healing centre is indeed a useful model of the Methodist Church.

The establishment of the numerous health centers in Kumase is also an important achievement of the Methodist Church of Ghana. In order for their health services to reach the people, ten health centers have been established in Kumase. It should be noted that, the MOG started these initiatives before the government through the Ministry of Health (MOH) made efforts to manage it. Services like Out Patients Department (OPD), emergency unit and maternal services are run by the health centers for members who cannot afford their hospital bills at a subsidized cost. It is important to emphasize that the introduction of Ghana's National Health Insurance in the twenty-first century has augmented the support of sharing the cost or fiscal burden in seeking for orthodox medical care.

Another notable achievement of the Methodist Medical Association (MMA) established in 1986 is that it has been the brain behind all medical services of the MOG. Through their lobbying skills, health related items like drugs are constantly donated by the MOG to these health centres. Also the MMA is instituting another association called the Methodist Health Professionals Association (MHPA). This initiative is to bring on board medical officers, who will provide medical services voluntarily (ibid). Our informant emphasized:

...these personnel will be used to reduce the work load of medical officers not in Asante alone but the whole of Ghana.

They are from all over the world and will not require any fee for their service... places like the Okomfo Anokye Teaching Hospital are always chocked hence doctors provided by the MHPA will ease their work load. For instance if a specialist for nutrition at the Okomfo Anokye is to attend to ten patients, the MHPA staff will attend to five of such patients with the physician on duty attending to the other five. These MHPA staffs are either retired health officials or those on Sabbatical leave....¹⁵

The Methodist Church of Ghana's contribution to the development of Asante is not only limited to the evangelization of the people alone but have also succeeded in providing essential services especially, formal education and the provision of healthcare services. The under-developed nature of the Ghanaian health systems will require some Non-Governmental Organizations to continue to support to aid its sustainability.

Combating Diseases in Asante: Challenges

Traditional medical practitioners pose the greatest challenge to the MMA dispensation of medical services to the people of Asante. The doctrinal principle underlying their medical practices contradicts the philosophy of Wesleyan medicine. Traditional medicine though draws motivation and insights from a supreme being as a source of their healing, beliefs in deities contradict the directives or instructions in the Christian faith. In order to be accepted and to establish the potency of their medicine, traditional medical practitioners apply different strategies to cure the sick. According to our informant, this is where the problem is with traditional medical practitioners. He stated that:

...they do not have the ability to tell whether a disease requires spiritual remedy or not. The priest will waste time on a disease which requires medical attention complicating issues further. Though most of their herbs are efficacious, they apply it without the correct dosage as well as with little knowledge of the potency of the herbs... they saved T.B Freeman's life but

¹⁵ Interview with Dr. Coffie. (2017)

the medical complications today requires a more advanced medical care in terms of logistics and technology, collaborated with spiritual care and this is what the MMA is offering...¹⁶

Another challenge facing the Methodist Medical Association is financial constraints. This has a ripple effect on the willingness of the medical staff provided by the MMA to work. Though the idea was to work voluntarily, the motivating factor which is predominantly money has been a missing ingredient. The cost the church has to incur in terms of meeting the high demand of medical equipment and drugs is very high. Our informant attributed this to the dying patriotic spirit of Ghanaians; we also infer that this is the dying voluntary spirit of church members to offer voluntarily service.

The medical ignorance of certain ministers of God, also poses a challenge to the delivery of an effective care by MMA to the people of Asante. This issue is similar to the problem posed by the Traditional Medical Practitioners but in a different context. The emerging number of independent churches has created a situation where health is used as yardstick to attract members to churches. As a result of this, most pastors tend to rely on spiritual “medicine” or applications in curing sicknesses. They further complicate medical cases by prescribing non-medical remedies which are hazardous to the individual’s health. Our informant argued that, though he believes mysticism exists, the individual should know when to prescribe scientific care and when not to since the human life is important.

These challenges are not only limited to traditional or other spiritual and psychic healers alone but are also associated with medical professionals who work in the Methodist certified medical institutions. Generally, these challenges could be extended to cover the medical care, especially on issues that potentially and possibly relate to medical errors and lack of compassion for the sick among others. These do not correspond to the holistic concept of John Wesley’s method of healing. The training of medical personnel in Ghana does not include Wesley’s understanding of spiritual ramifications on health. They are mostly accustomed to the so-called scientific approach. This, according to our informant has always been the conflict between doctors or nurses on one

¹⁶ Ibid.

hand and administrators on the other hand. The administrator stresses on the need to incorporate the Methodist concept of healing into the scientific realm of healing. In view of this, most health officials tend not to agree with administrators who stress on the holistic approach to medicine.

The Methodist Church in terms of medical services has provided the people of Asante with a care that cannot be subjected to science or non-science. Terming it as holistic medicine, this has also been the grounds for their challenges, the individual who is at the receiving end of this type of care, needs to be strong in faith in order for the physical effects to be realized. This presents a situation where the person who doubts the potency of such healing cannot be cured. In an area like Asante, it will be difficult for people to entirely do-away with their culture and belief systems. It is therefore an exercise in futility to contemplate that the people of Asante would fully jettison their “experts” who have through history, aided them to cure diseases. The Wesleyan Mission is placed within the boundaries of these challenges to deliver an effective medical care. Though their holistic approach may be the best sort of remedy, compared to traditional medical care, both have been seen making their respective contributions toward meeting the medical needs of the diverse indigenous population.

Conclusion

The presence of the Wesleyan Mission in Asante has aided Asante to see several medical developments. The provision of healthcare was made possible by the friendly relations established by men like James Hayford and Rev. Thomas Birch Freeman. These relations convinced the *Asantehene*, Nana Kwaku Duah I to permit the establishment of the first station of the Wesleyan Mission. This station is what has become the Kumase Diocese named as Nana Kwaku Duah I House.

Since their inception in missionary work, the Methodist Church of Ghana has contributed immensely to the medical aspects of Asante’s development. Their health services blend both spiritual and scientific care towards the production of a holistic care. Their concept of care is structured along the John Wesley’s holistic healing based on salvation. This approach

attempts a blend of science and religion to provide an effective healthcare. The Wesleyan Mission's holistic healing having the salvation doctrine of Christ contradicts sharply with the source of healing by the Traditional Medical Practitioners in Asante though both believe in spiritual healing from a Supreme Being as well as diseases resulting from the sinful and or bad deeds of the individual.

The Wesleyan Mission's approach to medical care is the blend of Christian principles of and scientific principles manifested in medicine. Asante's unique cultural environment presents the people with Traditional Healers. Culturally, these healers continue to exert medical influences on the people as far as the cultural undergirding of Asante is concerned. The concept of healing employed by the Wesleyan Mission which is based on the Divine Healing from God contradicts that of the traditional method of healing. Essentially, the Methodist Church of Ghana's way of life would consider services from traditional practitioners as "fetish" since it contradicts the belief in divine healing from God. However, the cultural environment of Asante has persistently, influenced the people of Asante to continue to seek the services of these same practitioners which the teaching of the MOG and the Christian faith define as fetish.

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