

[Open Peer Review on Qeios](#)

# “Healing is having faith in Allah, the healer, and the medicine”: An exploratory qualitative study of Islamic-based healing practices in Northern Ghana

Abukari Kwame<sup>1</sup>, Baba Mananu<sup>2</sup>

<sup>1</sup> University of Saskatchewan

<sup>2</sup> University of Cape Coast

**Funding:** This research received financial support from the Norwegian Research Council for fieldwork in Ghana. However, the funding agency did not influence the study or the content of this research article.

**Potential competing interests:** No potential competing interests to declare.

## Abstract

Faith-based healing practices are becoming widespread in Ghana. Charismatic churches, traditional healers, and Mallams provide healthcare services for multitudes nationwide. However, these faith-based healers' guiding philosophies and healing practices are less known. This ethnographic study explores Islamic healing, medical perspectives, therapeutic practices, and how the Dagomba traditional practices and culture influence this medical system. Data were collected from six Islamic-based healers through in-depth individual interviews using a semi-structured interview guide. Thematic analysis was employed, and results are reported narratively. The study discovered that religious and faith-based healing practices, including Islamic-based healing, are rising in Ghana. Practitioners of Islamic-based healing among the Dagomba observe that having faith in Allah and trust in His healing powers is the foundation of health. Islamic principles of faith and the Dagomba health beliefs determine these healers' medical therapy and healing practices. The study found that rituals and sacrifices are significant healing practices with specific gendered perspectives. Spirituality is perceived as both an illness-causal factor and a healing tool. We invite further research to identify the prospects, constraints, and therapeutic possibilities Islamic healing holds for Ghana's integrative medical system.

**Abukari Kwame BA, MPhil, MPhil, Ph.D.<sup>1,2,†</sup> and Baba Mananu BA, MA<sup>3</sup>**

<sup>1</sup> *College of Nursing, University of Saskatchewan, Prince Albert Campus, Canada*

<sup>2</sup> *The Centre for Sami Studies, UiT the Arctic University of Norway, Tromsø, Norway*

<sup>3</sup> *Institute of Development Studies, University of Cape Coast, Cape Coast, Ghana*

† ORCID iD: [0000-0003-3231-3100](https://orcid.org/0000-0003-3231-3100)

\* Correspondence: [abukarikwames@yahoo.com](mailto:abukarikwames@yahoo.com)

**Keywords:** Dagbon, divination, Islamic healing, rituals, trust in Allah, Ghana.

## Introduction

Afa (a pseudonym) is an Imam who was raised in Yendi, Northern Ghana and provides healing for jinn possession. Afa is a term designated to a Muslim with considerable knowledge of the Quran and teaching others. Before we met Afa for our scheduled interview, we had to wait in the mosque, where he led the daily prayers. Two men brought in a young girl who was allegedly possessed by jinn. The jinn are spiritual beings believed to be created from fire according to Islamic cosmology (see Laughlin, 2015 for details). The girl, about 16 years old, was crying and struggling to take off her clothes. She was taken inside the inner chambers of the mosque, where Afa was preparing for our interview. Afa performed ablution and told us to wait for him in the main prayer area of the mosque. He said he could not allow us to see the healing ritual performative for privacy reasons, so we sat in the main mosque and listened to his recitations and incantations.

To begin the healing process, Afa recited Surah Fatiha (Quran; Chapt. 1), followed by Surah Al-Jinn (Quran; Chapt. 72), Surah Al-Insan (Quran; Chapt. 76), and other verses in the Quran. We could not see whatever else he was doing besides hearing his voice and the Quranic verses he recited. The healing ritual took about 25 minutes before the girl was stabilized and taken home. When we finally sat with Afa for the interview, we asked him if the girl was healed, and he said, **yes**, but on the condition that the girl observe the prescribed behavioural codes he issued. This thought-provoking healing ritual raised several questions in our minds: Was the girl's full recovery dependent on having faith in the healer and the prescribed behavioural practices handed to her? What was the significance of Afa's symbolic rituals before commencing the treatment process? What other healing practices would have been performed if the patient was a boy? As we pondered these questions, we uncovered many other Islamic healing rituals in this study, as we interacted with other healers.

Studies have shown that in Ghana, both Pentecostal charismatic and Islamic faith healing practices are observed across the country, with malams, imams, pastors, and prophetic practitioners providing care and healing services to patients (Yidana, 2014; Edwards, 2011; Gyasi et al., 2016). Adu-Gyamfi (2014) and Tacco (2010) reported that when seeking cures for any disease, a Muslim should first believe that all diseases and their cures are in Allah's hands and powers. Muslims must further believe that sickness, well-being, or good health are contingent upon Allah's decree (Adu-Gyamfi, 2014; Tacco, 2010). This assertion presupposes that healing in the Islamic medical field, as in other religious healing perspectives, is believing in divine powers. Moreover, spiritual therapy in faith-based medical systems is deemed significant in many faith-based therapies (Abdul Rahman et al., 2019).

Yidana (2014) observed that people's belief systems, authority, and faith determine how they practice healing, which underscores the relevance of socio-religious factors on faith healing. People's belief systems must remedy their emotional, psychological, economic, social, and spiritual needs and challenges (Yidana, 2014). It also observed that in

Ghana, people respond to illness and disease in various ways that reflect their knowledge, culture, and perceptions of illness origins and available therapeutic options (Yidana, 2014).

Ritual forms of healing are culturally widespread in Ghana and influenced by the culture, worldviews, and belief systems of individuals and the society they come from (Peprah et al., 2018; Yidana, 2014). This claim suggests how culture impacts people's worldviews on illness and disease and emphasizes that religion and faith perform crucial roles in the health outcomes of people. Hence, many Pentecostal churches and their divine actors (i.e., priests, pastors, prophets, and healers) believe in the healing powers of Jesus Christ and the Holy Spirit (Yidana, 2014). Accordingly, members of the Christian faith who suffer from evil spirits, demons, and sinister forces are healed and admonished to refrain from attending healing practices and rituals from fetish priests/priestesses (Yidana, 2014).

Peprah et al. (2018) explored attitudes and perceptions among faith-healing clients in Kumasi, Ghana. They found that these clients have in-depth knowledge about where to locate faith healers and positive attitudes about faith healing, although they often face stigmatization and victimization from people opposed to these therapies (Peprah et al., 2018). Research shows that faith-based healers and traditional medical practitioners are often the primary sources of healing in Ghana due to the inability of conventional medicine to treat certain illnesses or because of limited access to orthodox medicine and healthcare services owing to the high cost of treatment (Arozullah et al., 2020; Peprah et al., 2018).

Although a few studies have examined Dagbon traditional medical practices among the Dagomba of Northern Ghana, little is known about how Islamic healing is practiced and the impact of Dagbon culture on this faith-based healing. Understanding Islamic-based healers' worldviews about illnesses and treatment modalities and why people access their healing services can contribute to the overall healthcare system of Ghana and her integrative healthcare system.

This descriptive ethnographic study aimed to explore Islamic-based healing practices among the Dagomba of Northern Ghana to examine how Islamic religious beliefs and Dagbon traditional practices influence Islamic-based medical practices. The following questions were explored: (1) How is Islamic healing practiced among the Dagomba? (2) How does the Dagomba culture and health beliefs influence Islamic-based healing?

The paper is structured as follows: we present the study setting and its methods in the next section. Afterward, we present and discuss the emergent findings and conclude the paper.

## The Dagomba and Their Health Beliefs

This study is about Islamic healing in Dagbon, a traditional region for the Dagomba. Geographically, Dagbon is in the Northern Region of Ghana, and it covers eleven political districts of the Northern region, including the Tamale metropolis and Yendi municipal assemblies (see Figure 1). Ethnically, Dagbon is a heterogeneous society, with Dagomba constituting the largest ethnic group in the traditional region and the Northern Region.

Significant religions in Dagbon are Traditional religion, Christianity, and Islam, with over 60 percent of Dagomba being Muslims (Abdul-Hamid, 2017; Ghana Statistical Services, 2021). Consequently, Many socio-cultural practices of the

Dagomba, including marriages, funeral rites, inheritance, medicine and healing, and other festive practices, have Islamic influences. Moreover, Dagbon society has a complex traditional medical system based on their socio-cultural perceptions of health and illness and traditional belief systems (Kwame 2016b, 2021). Nonetheless, biomedical, Islamic, and Christian-based healthcare services are actively utilized by the people.

Different Islamic sects exist in Dagbon, including Shites, Ahmadiyya Muslims, and the Sunni (Tijaniya and Quadiriya), constituting the majority of the Muslim population in Dagbon (Ghana Statistical Services, 2021). These sects are without conflicting ideologies, often leading to open confrontations among their members, especially in Tamale. Many Dagomba Muslims, especially the Afanema (the plural form of Afa), practice Sufism, where some Muslims observe Islamic rituals to heighten their spirituality (Abdul-Hamid, 2017). Even though the majority of Dagomba Muslims are Sunnis, Abdul-Hamid (2010b:10) refers to Muslims who are engaged in healing and Islamic divination (*Afa Tibrisi*) as “accommodating Sunnis” and those who reject divination as “reform-minded Sunnis.” Given the impact of Islam on Dagbon culture and social life, gaining insight into how Islamic medicine and healing practices are performed in Dagbon and Northern Ghana is crucial.

Imam (2015:31-32) claimed that before the introduction of Islam into the ancient kingdom of Dagbon, the Dogomba were practitioners of the Indigenous African Traditional religion led by the earth priests, the *tindaamba*, with traditional religious practices centred around worshipping gods and/or ancestors. Imam (2015) noted that after the introduction of Islam into Dagbon, the traditional way of associating with God suffered. Islam and its associated practices are argued to have ambivalent effects on every aspect of life in Dagbon, significantly impacting the religious attitudes, values, and culture of the Dagomba (Imam, 2015). In many communities in Dagbon, people express their faith in God and His powers to influence a good life in diverse ways. Knowledge of the Qur’an and its teaching in Dagbon today is mainly seen as a practical means of pursuing spiritual and physical well-being, with Islamic healing practices constituting a medical field of its own (for details on the influence of Islam on Dagbon and Dagomba see Abdul-Hamid (2010a, b) and Imam (2012, 2015)).



**Figure 1.** Map showing the study area, Northern Region, Ghana.

Source: [https://en.wikipedia.org/wiki/Northern\\_Region\\_\(Ghana\)](https://en.wikipedia.org/wiki/Northern_Region_(Ghana))

Philosophically, Dagbon traditional medical practitioners believe that healing is based on luck and having faith in the medicine. This medical ontology constitutes a core foundation for successful healing and medical therapy. Spiritual illnesses are believed to be caused by spiritual forces, including divine punishment from ancestors, deities, and other spiritual beings (Kwame, 2016). The Dagomba further believed that two categories of illnesses exist: external and internal to the body system (Kwame, 2016a, 2016b). Therefore, seeking healing for natural and spiritual illnesses depends on strong faith in the healer and medicine. These worldviews and philosophies about medicine, the functioning of the body, and notions of good health and illness determine healing and medical practices in Dagbon (Kwame, 2016a, 2016b, 2021).

The Dagomba theories of health and illness (Kwame, 2016a) constituted this study's theoretical framework for data interpretation. The Dagomba theorizes that health and illness exist on a continuum, with some illnesses being innate to the body system. An individual's susceptibility to ill health is argued to be a function of their blood quality, age, head (representative of one's spirits), and social ties (Kwame, 2016a, 2016b). Illnesses are believed to emanate from the spiritual, physical, and social worlds and enter the body or are triggered in the body system. These belief systems, values, and cultural perspectives about health and illness, and notions of spirituality are essential in understanding

medicine and medical practices in Dagbon.

## Methods and Study Design

A descriptive exploratory qualitative design was adopted in this study to explore the experiences of Islamic-based healers, their healing beliefs, medical practices, and how Dagbon culture influences Islamic-based healing. An exploratory qualitative research design was imperative in this study because less is known about Islamic-based healing in Dagbon (Hunter et al., 2019). As a result, the focus was to gain insight into and generate new knowledge (Creswell & Creswell, 2018; Creswell & Poth, 2018) about Islamic healing in Northern Ghana and among the Dagomba. Descriptive exploratory research (Marshall & Rossman, 2016) allowed us to document, describe, and reflect on the Islamic-based healers' healing practices, medical philosophies, and therapeutics.

## Participants and Sampling

Through purposive sampling, six Islamic-based practitioners in Yendi and its surrounding communities were engaged in this study. Nine names of Islamic-based healers were suggested to us by people who heard about our study. We contacted six healers to establish rapport and explain the purpose of the study and the consent process to them. We then invited the healers to participate and obtained their voluntary consent. We scheduled interview dates and conducted in-depth semi-structured interviews and ethnographic observations with the healers. Oral consent was recorded from four participants, while the other two participants provided consent by thumbprinting the consent forms to grant their consent at the time of the interviews.

Healers were included in the study if they were Dagomba, used only Islamic healing approaches, were willing and available to participate, and gave their free, informed consent. Those who did not meet the criteria were excluded. So, one healer was excluded because he stated that he used both Islamic and Dagbon traditional healing modalities. Although we could have compared his perspectives with the rest of the healers, we felt it was unrealistic to compare just one healer. Also, two healers lived in distant communities, which were difficult to access. It was in the rainy season, and bad weather had affected our ability to meet these healers. Therefore, six Islamic-based healers participated in this study. They were all Sunni Muslims, although not all of them practiced divination, as seen in the results.

## Data Collection

Fieldwork for this study was conducted in Yendi, Ghana, from June to August 2016. Both authors visited and conducted in-depth individual interviews (Ezzy, 2010) with the six healers at their homes using an interview guide. The flexibility of semi-structured interviews allowed the participants to share their healing perspectives with us and provide narratives about their healing practices (Hunter et al., 2019). Since our sample size was small, our interviews were extended, with an average of 50 minutes, to allow for in-depth and rich data to be gathered (Cleary et al., 2014). Furthermore, we conducted participant observation sessions with each healer. An average of 49 minutes was spent observing each

healer's healing sessions and practices. Participant observation gave us first-hand experience of how the healers treat certain illnesses. All six participants were male healers. Ethical approval was granted by the Norwegian Social Science Data Services (NSD) (Ref: 43718 / 3 / MSI). As native Dagomba, we also observed all Dagbon traditional cultural protocols guiding social interactions.

During the face-to-face individual interviews in this study, participants recounted stories about how they learned to heal and explained their diagnostic methods and the various illnesses they treat. They also talked about the basis of healing in Islam, Islamic ideals of purity, and, from their perspectives, how Islamic-based healing differed from what they see as 'pure' Dagomba traditional healing. Author AK conducted all the interviews while BM took some notes.

All interviews were conducted in Dagbani, the native language of the researchers and participants, and recorded with a voice recorder after participants gave their consent. As native speakers of Dagbani, AK transcribed the recorded interviews verbatim, translated the transcripts from Dagbani into English, and BM verified the notes and codes to ensure they were consistent. We kept detailed ethnographic field notes during observational sessions and after interview sessions. Observation notes were compared immediately after each observation session to compile and discuss emergent vital topics. Essential Dagbani concepts were retained as close as possible to the original transcripts. Where there was no direct equivalence in meaning between the two languages, we kept the native terms, as reported in this article.

## Data Analysis

Data collection and analysis were iterative, with critical reflexivity undertaken (Lacey & Luff, 2009; Miles et al., 2013). Transcribed data were manually coded by AK and subjected to narrative and thematic analytic approaches (Braun & Clarke, 2006; Clarke & Braun, 2013; Nowell et al., 2017) to identify salient themes and patterns. Each transcript was read and coded sentence-by-sentence by identifying, marking, and labelling meaningful data segments. Unique codes (e.g., medicines, beliefs, rituals, practices) were grouped into categories and developed into themes. Themes were built around the healers' medical beliefs, spiritual practices, gendered perceptions, and healing knowledge acquisition. BM crosschecked the data codes against the transcripts for consistency on code labels and the constructed themes.

Furthermore, to enhance data trustworthiness, we interviewed some participants more than once, during which they offered us reflexive feedback on their previous interview transcripts, the emergent codes and categories, and provided more data afterward (Forero et al., 2018). Lastly, we used pseudonyms in this article to ensure that participants' identifying attributes are confidential and anonymous. In what follows, we present and discuss the results of the study.

## Results

In this section, we present and interpret the themes as the main findings of our study and then discuss them in the following section. Significant among these findings are the healers' medical philosophies, ritual practices, and medical therapy.

## Participants Demographics

Six male healers participated in this study. Their average age was 45 years. Three healers were below the average age. All healers were married. Except for two healers with tertiary-level education, the rest had no formal education, although they were literate in Arabic. Three healers were farmers, two were teachers, and one practiced healing as his profession. All healers were Muslims and Dagomba.

## Basis of Healing in Islam

This theme has two subthemes: *believing and having faith in Allah*, and *healing is trust*. Concerning the first subtheme, the healers revealed that the Quran is a source of healing for humanity. Afa recited these verses to buttress that perspective.

*And We sent down in the Quran such things that have healing and mercy for the believers” (Surah Al-Isra, 17:82),  
“And declare (O Muhammad) that the Quran is a guidance and healing for the believers” (Surah Al-Fussilat,  
41:44).*

Imam also observed that the hearts and minds of humans are what lead them into trouble and illnesses, as he quoted Surah (Yunus, 10:57) saying:

*Mankind, there has come to you, guidance from your Lord and healing for (the diseases) in your hearts, and for those who believe, a guidance and a mercy.*

The healers believed that good health and illness are both from Allah; hence, seeking health requires acknowledging Allah's supremacy over all things, including health and illness. Mallam related that this belief is further captured in Surah (Al-An-Aam, 6:17), as he quoted.

*And if Allah touches you with harm, none can remove it but He, and if He touches you with good, then He is able to do all things.*

Another healer, Alhaj, shared that “every believer must seek health when ill and that the best of all help comes from Allah.”

With these assertions, seeking medical treatment from other medical systems does not contradict Islamic guidelines on health, nor does it suppress one's belief and trust (*tawakkul*) in Allah. However, the primary requirement is to believe that good and ill health come from Allah. According to the healers, a believer must fully trust Allah, ask for His help, and seek medical advice from medical practitioners as and when needed. As quoted by the healers, the above verses in the Quran inform the general perception that healing in Islam is based on having faith in Allah and His healing powers and following the traditions and practices of Allah's Prophet (peace be upon him).

Regarding the second subtheme, **healing is trust**, the healers stated that having trust in the supreme being (Allah) is



crucial for Islamic-based healing and many faith-based healing systems. Elder Mahama narrated that

*Healing (in Islam) is based on trust and faith between healers and patients, [so] Before a healer can treat a patient, he must investigate whether he will succeed in healing the patient.*

Similarly, Alhaj believes that,

*healing in Islam is trusting Allah's names and His supremacy – Somadu. You must believe in Allah and have faith that the medicine or prayers offered to you will work.*

Another healer, Mallam, supported these views when he quoted the following verse concerning having trust in Allah and His healing powers: “We have sent down the Quran as healing to you those who believe in it.”

All these participant perspectives suggest that healing in Islam and perhaps other faith-based medical systems depends on having faith and trust in the supreme being upon which the religion rests, which is Allah in the case of Islam.

### Becoming an Islamic-based Healer

Based on the healers' narratives, three subthemes constituted this theme. These are (a) *acquiring Islamic healing knowledge*, (b) *being an Islamic-based healer*, and (c) *diagnosing illnesses*.

The healers shared that they acquired their healing knowledge regarding the first subtheme from diverse sources. For instance, Afa said he received his knowledge through dreams and inspiration.

*I get the knowledge of healing through dreams and inspiration. Until today, I've never told anybody how I got the knowledge for healing jinn possession.*

For Imam, he was taught by *alizina* (jinn or spirit beings) and later by his godfather. For Alhaj, he revealed that he was searching for a cure for his wife, and through that, he learned how to heal, as captured in the narrative below.

*My wife couldn't conceive for seven years after marriage. I searched everywhere for healing. Finally, I found **shifawu** (healing) in Niger. After my wife was treated, I decided to learn how to treat that health condition and similar illnesses from that healer.*

Elder Yidana learned from his father through his clerical duties, and Elder Mahama learned from outside his family, as he indicated.

*I was pushed into healing. I had personal challenges while growing up and needed to protect my life, so I acquired*

*spiritual powers and learned from elders, healers, and spiritualists.*

Regarding the second subtheme, *being an Islamic-based healer*, Elder Yidana remarked that “one must be learned in the Quran to practice as an Islamic healer.” On the other hand, Alhaj believes that “being pure is a requirement for being a healer and fasting periodically is a way to purify oneself.” The following narrative explains Afa’s perspective on what a person must have to become an Islamic-based healer:

*To be a healer, you must be pious, and to become pious or pure requires that one must not consume unlawful food (haram), including alcohol and hard drugs. You must be married, be God-fearing (Taqwa), and always maintain ablution.*

According to Afa, ensuring one is at the highest state of purity (*Tahara*) is crucial in Islamic-based healing. From these healers’ narratives, the necessity of piety undoubtedly dictates that an Islamic-based healer must be clean in heart and deeds and maintain clean surroundings.

Besides having knowledge of the Quran and practicing personal and environmental cleanliness, the ability to diagnose illnesses, the third subtheme, became a critical factor in Islamic-based healing. Although all the healers used patient narratives and the presenting physical symptoms/signs when diagnosing illnesses, the healers mentioned additional specialized diagnostic approaches. For instance, Afa indicated, “Through Allah’s guidance, I can tell if a person has been possessed by jinn.” Imam indicated that he reads patients’ palms, as he related, “I can look in your palm and tell your illness. Allah has blessed me with that gift.” In contrast, Alhaj uses Islamic divination, and Mallam uses *ruqyah* (reciting verses of the Qur’an over the patient) to reveal illness symptoms.

From the above, the ability to see beyond the physical constitutes an essential diagnostic approach in Islamic-based healing. Most healers either have the gift of Allah to see beyond the physical, or they perform Islamic divination (*bihigu/hissabi ṛmebu*). According to these faith-based healers, having in-depth knowledge about illnesses based on the Quran and Hadith and the ability to diagnose illnesses accurately are essential skills for Islamic-based healing.

## Forms of Medicine

Two significant forms of medicine were reported as being used in Islamic-based healing. These were herbal medicines and Islamic-based medicines. These medicines could be used separately or combined depending on the nature of the illness. For most of these healers, prayers constituted a form of medicine. During jinn exhortation, two of the healers said reading the Qur’an into the ears of the patient and/or praying over water for patients to drink or bathe with was one instance of using prayers as medicine. The healers who use *Ruqyah* believe it to be a powerful form of therapy, where verses of the Quran and other prayers are recited either loudly or silently over a patient. For some patients, healers may offer only prayers and sacrifices to Allah. Mallam reveals what he does when a jinn-possessed patient is brought to him in this excerpt.

*What I do is to recite verses of the Quran into the ears of the patient or water for the patient to drink. Some jinn are believers, so when they hear the names of Allah, they'll leave the possessed body.*

Other materials such as *saba* (charms or amulets), perfumes, incense, candles, and herbal mixtures constituted medicine or medicinal products to be applied externally to the body or used during sacrifices and rituals as embodied therapeutic options, according to these healers. For instance, Elder Mahama stated: "I give patients herbal medicine to use, based on the nature of the illness and what causes it." Furthermore, except for Afa and Mallam, all the other healers use herbal and other medicine forms in their healing practices.

Another essential medicine many of these healers said they give their clients is *walgu*. Elder Yidana, Alhaj, and Imam said that *walgu* is a descriptive term in Dagbani and refers to an Islamic medicine produced by writing Quranic verses on a wooden tablet or paper that is then washed with or soaked in water and given to a client. It was reported that a patient could drink *walgu*, wash his/her body with it, or mix it with food and eat. The healers who use *walgu* said it could be given as a stand-alone medicine or mixed with herbal medicine. Depending on the nature of the illness, a healer can use only herbal medicine, *walgu*, or a combination of herbal medicine and *walgu*, as Imam explained.

*I could give patients **walgu** to drink, bathe with, wash their head and face, or add it to any food, but I don't give charms to my clients.*

The healers' narratives suggest that illnesses, their nature, and mode of causation predict their healing modalities in Islamic-based healing.

## Ritual Practices and Sacrifices

These Islamic-based healers revealed that they perform rituals and sacrifices as part of their medical practices, which include offering prayers, observing fasting and making sacrifices to Allah during medical therapy or as part of the preparations to treat patients. For example, Imam reported that he mostly observes three-day fasting as part of his spiritual preparation before healing certain spiritual illnesses. According to him, he does this to ask for Allah's protection and mercies. Afa also explained other rituals for self-purification in the following lines.

*When a patient comes to me with jinn possession, first, I've to perform ablution to purify myself. I do this because I'm going to recite verses from the Quran. So, I must be clean with ablution before I can hold the Quran.*

Other healers perform *bihigu ηmebu* (Islamic divination) as part of their healing practices. *Bihigu ηmebu*, as a ritual, was described as an art through which the practitioner divines the past, the present, or the future to provide answers, explanations or to seek guidance from Allah. Participant observation revealed that in the context of healing, healers use *bihigu ηmebu* to investigate the cause of an illness, other social and spiritual issues, and/or what the future holds. The following notes describe two forms of Islamic divination.

*In this ritual, the diviner spreads sand or pebbles on a white piece of cloth, draws or makes signs in the sand, and performs incantations or recitations of some Quranic verses. Other healers have different ways of doing this ritual, including asking patients or clients to perform ablution, make their intentions, and open the Quran randomly. The randomly opened pages of the Quran are then read and interpreted with other Hadiths of the Prophet to diagnose illnesses, explain the unknown, or foretell the future. (Field notes, documents August 12, 2016)*

Making sacrifices like slaughtering a fowl, sheep, or other animals as part of healing was also reported by a few healers. The participants said that, like prayers, sacrifices are offered to Allah to ask for His blessings and favours. It was observed that when Islamic-based healers make sacrifices during healing, no name is invoked except that of Allah since the purpose of the sacrifice is to ask for His guidance and mercies.

Even though making sacrifices constitutes an essential part of medical therapy and healing, it can be a source of conflict and disagreement among different Islamic-based healers. Healers who only use prayers (e.g., Afa) may suspect or accuse other healers who use herbs or slaughter animals (e.g., Mallam and Elder Yidana) of practicing traditional healing/medicine rather than Islamic-based medicine. Other Islamic-based healers can invoke notions of *Shirq* to argue against performing ritual sacrifices. Nonetheless, the variability in healing modalities makes Islamic-based healing, like other alternative forms of healing, attractive to patients with varying healthcare needs, according to these healers.

Furthermore, we observed that the Dagomba worldviews and traditional belief systems influenced some rituals among the Islam-based healers. For instance, Alhaj narrated:

*Sometimes, before I obtain any herb, I have to offer the plant a gift before I harvest any part of it as herbal material for healing. However, when you do that, you only ask for permission from Allah in the form of Sadaka (a gift) before using the plant.*

Offering sacrifices to plants either to appease spirit beings believed to inhabit the plant or for the harvested herbal material to be potent, as noted by Alhaj, seems to be influenced by Dagbon traditional beliefs, as reported by researchers (see Kwame, 2016b).

## Gendered Medical Practices and Beliefs

Based on the healers' narratives, we found that Islamic-based healers provide different treatments for male and female patients. Afa observed that men and women must not be treated together due to Islamic principles of modesty. Similarly, Imam indicated that when men and women have the same illness, the same medicine is provided for them. Although Imam's statement seems contradictory to that of Afa's, it implies that even though healers treat women and men differently, both sexes can be given the same medicine when they have the same illness. The differences are only observed in the healing processes involved. To illustrate, Afa said that a male healer may not perform certain healing practices, including massaging, washing, or incising the female body, because Islam forbids seeing or touching certain

parts of a woman who is not one's close relation (e.g., wife, sister, or daughter).

The gender differences we found about healing men and women separately in the Islamic-based healing system are not strictly observed in the formal/biomedical health system, which Afa believes to violate what he called the Islamic principle of modesty. Nonetheless, patients have no problems with this practice in the Ghanaian formal healthcare system, as many patients do not mind violating this principle to regain their health.

Mallam and Elder Yidana observed the presence of a few Islamic-based female healers in Dagbon, which was attributed to the influence of Dagbon culture and Islamic injunctions, as Mallam revealed.

*Historically, women in Dagbon were not allowed to acquire Quranic knowledge. Parents used to send only boys to both Mankaranta (Arabic) and Western educational institutions.*

Besides the impact of Dagbon cultural norms, the lack of female healers may be influenced by Islamic prohibitions, including the fact that women may not lead prayers. Moreover, Elder Mahama indicated that many women in Dagbon society are as spiritual as men. However, Dagbon culture does not permit women to show their spirituality.

*In Dagbon, cultural practices and norms regarding men and women differ, especially concerning issues of spirituality. Although women have spiritual powers, they may not show that publicly, for if they do, society will react negatively toward them. People will label any woman who shows off her spirituality as a witch.*

The above quotes imply that the lack of female healers (especially Islamic-based healers) in Dagbon is the combined effect of Dagbon culture and Islamic normative regulations. Even though many women are knowledgeable in the Quran, they rarely openly practice as healers. Some women strategically sell medicine or medicinal products, and through that, they provide medical and healing services to their clients.

Furthermore, our study found that jinn possession in Dagbon society is highly gendered, where women appeared to be the only group commonly affected by this illness. Based on the healers' narratives, it became apparent that women are more prone to jinn possession due to what the healers called female "immodesty" and behavioural practices. Moreover, jinn inhabitation is not only gendered, but its causation constituted a fascinating construction of female sexuality. For instance, Elder Mahama and Afa believe that,

*Women and girls who don't cover their hair, bathe late at night, or are sexually promiscuous can entice or anger the jinn to enter (possess) their bodies.*

Note that these gendered perspectives are male perceptions about gender dimensions in healing. Our prior knowledge shows that a few women these days run Islamic learning programs and hold public Islamic lectures and preaching, especially during Ramadan. Besides, few female Islamic scholars organize radio discussions in Tamale, the Northern regional capital. These developments highlight the dynamism and progressive changes regarding how women are

perceived and represented in Dagbon society concerning certain Islamic practices.

## Medical Pluralism

The healers acknowledged that other medical systems operate in the study setting. However, they noted that patients interact with these medical systems differently based on their health beliefs about illnesses, as Alhaj observed.

*Illnesses that require blood or water transfusion, surgical operations, or illnesses with complications can be better treated in the hospital. So, patients with these conditions will not come to us.*

Elder Yidana also noted.

*illnesses like dirigu (migraine), chua (piles/hemorrhoids), waygurugu (lordosis), and kpayɛɛlga are best treated using both herbal and Dagbon traditional medicine. If you take these to the hospital, you will waste your money and time.*

Based on the healers, spiritually caused illnesses are better treated by Islamic-based, Christian-faith, and Traditional healers. We believe these perspectives resonate with the Dagomba theories of illness causation, medical knowledge, and beliefs about health and illness as determining which healthcare system to send which illness.

Our results further show that patients regularly access multiple medical systems for medical therapy, a practice we call 'health shopping.' Depending on their beliefs, patients go to different healthcare systems and practitioners to access medicine and healing for their illnesses. They do this in complex ways and sometimes combine medicines from different healthcare systems.

## Discussion

The healers' worldviews regarding the sources of health and ill health and the relationships between humans, jinn, other spirit beings, and Allah are in sync with the Islamic ontological perspective espoused by Arozullah et al. (2020) and lend credence to research findings in Ghana and elsewhere (Adu-Gyamfi; 2014; Gill, 2019; Pontzen, 2020). Adu-Gyamfi (2014) observed that among Muslims, it is believed that only strong faith and trust in Allah can save people from spiritual illnesses such as the evil eye, jinn possessions, and sorcerer's inflictions. Further, Tacco (2010:389) noted that Islamic-based healers in Kano, Nigeria, believed that "for every disease that God has sent to humankind, He has also sent its remedy," requiring seekers of faith-based healing to have faith in the divine powers of their religions.

The Islamic-based healers in Dagbon perceive healing as trust: having trust in Allah, the medicine, and the healer. We argue that this tripartite conception of trust in healing emanates from Islam and Dagomba lay theories of health and illness and medical therapy (Kwame, 2016b). Maintaining these beliefs when seeking healing for one's illness is not only about

fulfilling one's religious obligations but also a source of psychological motivation and self-assurance that healing and good health will follow soon. Moreover, the argument that healing is luck is well-grounded in Dagbon cultural and medical ontologies and shared by both Dagbon traditional and Islamic-based healers, as reported in other studies (Adu-Gyamfi, 2014; Kwame, 2016b). What is not clear is whether these beliefs emanate from Dagbon traditional medical epistemologies, Islamic philosophies, or a blend of both. Given the influence of Islam on Dagbon culture, we argued that this perception is a synthesized worldview from Islamic and Dagbon traditional religious beliefs.

Besides, the above perceptions imply that life and death, good health and ill health, fortune and misfortune, and day and night, among other binaries, are life metaphors, reminding every believer about oppositions in Allah's creations. Therefore, successful healing in the Islamic medical system obligates patients to trust the divine powers of Allah, medicine, and healers. Similar beliefs are expressed in Pentecostal church faith healing practices, as Yidana (2014) reported.

The principle of piety found in this study was essential in presenting the healer as responsible. However, we believe it has other functions. The healers' views about maintaining cleanliness contradicted perceptions among biomedical practitioners about traditional and alternative medicine practitioners. Many biomedical practitioners perceive traditional medical practitioners (which may include faith-based healers) to operate in unclean environments and produce unhygienic medicine (Barimah, 2013; Gyasi et al., 2016). Therefore, emphasizing personal and environmental cleanliness among Islamic-based healers could be a response to these perceptions. Rashed and van Staden (2021:317) observed that alternative medical practitioners can initiate innovative practices anxiously to avoid accusations or validate and modernize their practice to conform to the "prestige of science and medicine" by employing what they think can be science-based. Moreover, fasting regularly and ensuring personal and environmental cleanliness are interpreted as promoting preventive healthcare practices, as reported in other studies (Adu-Gyamfi, 2014; Haque & Keshavarzi, 2014).

Accuracy in diagnosing illnesses is such a significant part of healing to the extent that patients use it to determine whether a healer is genuine and powerful or not, especially concerning spiritually related illnesses. For example, Barimah (2013) reported that most Ghanaians prefer healers with a 'third eye' who can see beyond the physical world. Hence, healers who can demonstrate this ability are distinguished from their colleagues and accorded the status of being powerful and genuine. This diagnostic approach is essential because spirituality and spiritual illnesses constitute a significant part of medical theorizing and healing in Dagbon and elsewhere in Africa (Khorommbi et al., 2019; Kpobi et al., 2019; Shange & Ross, 2022). Furthermore, the diverse sources of medical knowledge and diagnostic approaches among these healers position them to heal both physical and spiritual illnesses, thus making the medical field attractive to patients (Aniah, 2014).

The nature of illness and its causation determines what kind of medicine these Islamic-based healers give their patients. For instance, with the *walgu* as medicine, it is assumed that by drinking it, the patient internalizes the potency of the Quranic verse and the healing powers enshrined in it (Imam, 2015); a therapeutic practice also reported among Muslim healers in Northern Nigeria (Tacco, 2010) and Egypt (Rashed & van Staden, 2021). Similar findings regarding these forms of medicine have been reported in other studies (e.g., Ivanishkina et al., 2020). Ivanishkina et al. (2020) observed that in Sufism, prayer is recognized as a significant means of healing the sick and is contingent on the Islamic principle of

absolute faith in God (*tawakkul*). Moreover, Bentley et al. (2021) reported in a study on Islamic trauma healing that prayer (turning to Allah) was a coping strategy for Muslim refugees experiencing war trauma. Besides, protective Islamic charms and amulets have been reported in Ghana and other countries (see Arozullah et al., 2020; Pontzen, 2020; for details) as therapeutic preventive medicines.

Through ritual divination, diviners can tell their clients what happened, what will happen, and how to increase the chance of or avert future problems (see Imam, 2015; Pontzen, 2020, for details about forms of divination). Thus, divination is a vital ritual many Islamic scholars perform in Dagbon as part of their daily routines and may not be limited to healing. Yet, it constitutes a contested issue in Islamic scholarship and healing in Dagbon and elsewhere.

Medical systems have ritualized routines that medical practitioners perform occasionally within their respective fields (see White, 2015, for details on ritual practices in Ghana). Our study found that certain ritual practices among the Islamic-based healers were influenced by Dagbon culture. Based on that, we agree with Østebø (2014, p. 20) that “[b]oundaries between what is “cultural” and what is Islamic are [...] often blurred, and [...] in turn, producing a certain degree of ambiguity”. Østebø (2014, p. 20) observed that “whether past phenomena and practices are to be sustained, modified, purified, or eradicated” can be hard to tell. Medical innovation in Islamic healing practices is vital (Rashed & van Staden, 2021) to keep in sync with modern medicine. Rashed and van Staden (2021) reported that Sheikh Rayyes, a healer in their study, valued medical innovation as he always sought ways to improve his practice. Rashed and van Staden (2021:316) observed that to maximize the baraka of the Qur’anic verses, Sheikh Rayyes would “sometimes prepare amulets by writing the [Qur’anic] verses in separate letters, a method he borrowed from sorcerers who prepare talismans and amulets [...] to increase their power.”

Moreover, the involvement of several rituals and sacrifices in Islamic healing practices among these healers reflects how the healers perceive spirituality and spirit beings in Dagbon cosmology and health beliefs. Perceptions about the jinn, evil eye, sorcery, and spiritual illnesses suggest that in the socio-cultural life of Dagbon, spirituality has a recognized position (Edwards, 2011; Kwame, 2016b). Similarly, Ivanishkina et al. (2020:101) asserted that “in Sufi medicine, conducting spiritual rituals almost always dominated the use of rational methods of treatment,” emphasizing the significance of spirituality in Islamic healing practices. Thus, rituals and sacrifices are significant aspects of Islamic healing, as reported in other studies (Al-Rawi & Fetters, 2012; Adu-Gyamfi, 2014; Haque & Keshavarzi, 2014; Sax, 2014).

The jinn has been acknowledged to influence human lives (Edwards, 2011; Laughlin, 2015). Despite the essential position jinn occupy in Dagbon illness etiology and Islamic philosophy, Østebø (2014) found that among the Salafi Muslims of Bale in Ethiopia, jinn and their activities are less recognized as illness causal agents, which underscores how different cultural groups perceive the jinn in their health belief systems.

Gendered healing dimensions were also found in this study. Although women may have different opinions concerning why they do not engage openly in Islamic healing practices in Dagbon, research has shown that managing most illnesses within the household is within the mandate of mothers and grandmothers (Gupta et al., 2015; Kwame, 2016b). As found in this study, the causal theories about jinn possession partly reflect how Dagbon society sees the female body and its representation in the Dagomba cosmology (for details about the jinn and Dagbon medical systems, see Edwards, 2011).



Nonetheless, similar worldviews about the jinn and how they influence human lives have been documented in the literature (Gill, 2019). Similar to our results, Gill (2019) found that jinn possession can be caused by the jinn falling in love with humans, taking revenge for humans invading their territories, or through malevolent human activities (i.e., intentionally using witchcraft, sorcery, and black magic to harm others). However, jinn possession is not only experienced by females (Gill, 2019).

Regarding medical pluralism and patients shopping for healers across different medical systems based on their beliefs, Sackey (2002) observed that the quest for healing, an integral part of African traditional religion, forms the most common activity of churches. Sackey (2002, p. 5) states that churches, rather than mission clinics and hospitals, provide a remedy for witchcraft-based afflictions for women who have reproductive health concerns or marital challenges. Despite 'health shopping,' patient referral to alternative medical systems from the orthodox system in Ghana is bounded and informal, as reported in several other studies (Ampomah et al., 2023; Edwards, 2011; Hampshire & Owusu, 2013; Kwame, 2021).

## Study Limitations

A limitation of this study is its small sample size. Nonetheless, the study has provided meaningful data about healing practices, medical perspectives, and the diversity of healing modalities within Islamic-based healing, adding to the existing literature on the topic. Another limitation is that all the healers were male Muslim healers. A study that includes female Islamic-based healers could reveal different healing perspectives and practices, which might provide deeper insights into the topic, especially the gender dynamics in this medical system. Despite these limitations, the results of this study have provided insights into Islamic healing among the Dagomba and have confirmed and challenged previous research findings.

## Conclusion

This study investigated Islamic healing practices among the Dagomba of Northern Ghana and revealed that Islamic healing practices in Dagbon partly reflect Dagbon culture, traditional beliefs, and worldviews about health. The study showed that medical knowledge is acquired through complex processes and sources, allowing healers to deal with spiritual, social, and physical illnesses. Various medicines and therapeutic practices, including prayers, herbs, and *walgu*, are used in Islamic healing, embedding both curative and preventive health. Practices including regular fasting, personal hygiene, and avoiding sexual promiscuity are forms of preventive and promotive healthcare behaviours based on the Islamic principle of piety. Rituals and sacrifices constitute healing practices and play significant roles in the Islamic medical field. Further research is required to identify the medical field's prospects and constraints to deepen our knowledge of Islamic-based healing and medicine. As Ghana implements an integrative healthcare system, more research on Islamic healing could contribute to healthcare service provision in the country.

## About the Authors

## Abukari Kwame

Abukari Kwame is a postdoctoral researcher in the College of Nursing, University of Saskatchewan, Canada. Kwame has interests in health communication, multilingualism, language use in social interaction, first/second language acquisition, African traditional medical practices, and Indigenous and qualitative research methodologies. Email:

## Baba Mananu

Baba Mananu is an educator and works with the Ghana Education Service, Yendi Municipal Education Directorate, as a budget officer. Mananu is interested in integrated development practices and human resource management. He holds a BA degree in Integrated Development Studies from the University for Development Studies, Wa Campus, Ghana, and MA in Human Resource Management from the University of Cape Coast in Ghana.

## Statements and Declarations

### Conflicts of interest

The authors have no competing interests relevant to the content of this article to declare.

### Funding

This research received financial support from the Norwegian Research Council for fieldwork in Ghana. However, the funding agency did not influence the study or the content of this research article.

### Ethics approval

Approval was obtained from the Norwegian Research Council. Local Ghanaian and Dagbon ethical protocols were also observed.

### Consent

Informed consent was obtained from all individual participants included in the study. The authors affirm that the research participants provided informed consent for research publications.

### Availability of data and materials

Data used in this article are part of a larger research project and can be made available from the corresponding author upon reasonable request.

### Authorship

AK conceived the topic and designed the study. AK and BM gathered and analyzed the data. AK drafted the manuscript. Both AK and BM reviewed and approved the final copy.

## Acknowledgements

We are grateful to all the research participants for sharing their knowledge and healing perspectives with us. We also thank Prof. Bjorn Ola Tafjord for his guidance during this study and for allowing Ak to present this paper at a guest lecture on Islam and Medicine in Ghana.

## References

- Abdul Rahman, H., Abu Sufian, F., Fauzi, S., Azmi, S., & Abdul Aziz, A. (2019). Prevalence and patient feedback on Islamic spiritual healing in Brunei. *Spirituality in Clinical Practice*, 6(3), 158-165. <https://doi.org/10.1037/scp0000193>
- Abdul-Hamid, M. (2010a). The influence of Islam on an African people: The case of the Dagomba of Northern Ghana. *International Conference on Universalism, Relativism & Intercultural Philosophy, 3-5 February*(pp. 1-25). Cape Coast: University of Cape Coast.
- Abdul-Hamid, M. (2010b). Muslim 'priesthood' in Dagbon: In search of a definition. *Journal of Religion & Philosophy*, 4(1), 119-127.
- Abdul-Hamid, M. (2017). *Islam and gender in Dagbon [PhD Thesis]*. University of Cape Coast. <https://ir.ucc.edu.gh/xmlui/bitstream/handle/123456789/3305/ABDUL-HAMID%202017.pdf?sequence=1>
- Adu-Gyamfi, S. (2014). Islamic traditional healing amongst the people of Sampa in Ghana: An empirical study. *Online International Journal of Arts and Humanities*, 3(7), 105-114.
- Al-Rawi, S., & Michael, D. F. (2012). Traditional Arabic and Islamic Medicine: A conceptual model for clinicians and researchers. *Global Journal of Health Science*, 4(3), 164-169. doi:10.5539/gjhs.v4n3p164
- Ampomah, I. G., Malau-Adulic, B. S., Seidua, A.-A., Aduli E. O. Malau-Adulia, A. E. O., & Emeto, T. I. (2023). Integrating traditional medicine into the Ghanaian health system: perceptions and experiences of traditional medicine practitioners in the Ashanti region. *International Health*, 15: 414-427. <https://doi.org/10.1093/inthealth/ihac059>
- Amzat, J., & Razum, O.. (2014). Medical pluralism: Traditional and Modern health care. In *Medical Sociology in Africa* (pp. 207-240). doi:10.1007/978-3-319-03986-2\_10
- Aniah, P. (2014). The contribution of indigenous health care providers to health care delivery in rural Ghana: An exploratory study of Bongo District. *2(1)*, 20-28. doi:10.11648/j.sjph.s.20140201.14
- Arozullah, A. M., Padela, A. I., Stodolsky, M. V., & Kholwadia, M. A. (2020). Causes and means of healing: An Islamic ontological perspective. *Journal of Religion and Health*, 59, 796-803. <https://doi.org/10.1007/s10943-018-0666-3>
- Barimah, B. K. (2013). Traditional healers as service providers in Ghana's National Health Insurance Scheme: The wrong way forward? *Global Public Health*, 8(2), 202-208. doi:10.1080/17441692.2012
- Bentley, J. A., Feeny, N. C., Dolezal, M. L., Klein, A., Marks, L. H., Graham, B., & Zoellner, L. A. (2021). Islamic trauma

- healing: Integrating faith and empirically supported principles in a community-based program. *Cognitive and Behavioral Practice*, 28, 167-192.
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589-597. <https://doi.org/10.1080/2159676X.2019.1628806>
  - Clarke, V. & Braun, V. (2013). Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The Psychologist*, 26(2), 120-123.
  - Cleary, M., Horsfall, J., & Hayter, M. (2014). Data collection and sampling in qualitative research: does size matter? *Journal of Advanced Nursing* 70(3), 473-475
  - Edwards, R. (2011). *Herbs and healers of the North: Medicine, practices and philosophies in Islamic and Traditional healing in Northern Ghana*. Independent Study Project (ISP) Collection, Paper 1250. Retrieved from [www.digitalcollections.sit.edu/isp\\_collection/1250](http://www.digitalcollections.sit.edu/isp_collection/1250)
  - Ezzy, D. (2010). Qualitative interviewing as an embodied emotional performance. *Qualitative Inquiry*, 16(3), 163-170. doi:10.1177/1077800409351970
  - Ghana Statistical Services [GSS]. (2021). *Ghana2021 population and housing census: General report volume 3C, background characteristics*. Accra: Government of Ghana.
  - Gill, S. (2019). *Acknowledging the unseen: Muslims practitioners' understanding and processes of alleviating emotional distress with British Muslims*. Ph.D. Thesis. Lancaster University. <https://doi.org/10.17635/lancaster/thesis/556>
  - Gupta, M. L., Aborigo, R. A., Adongo, P. B., Rominskia, S., Hodgson, A., Engmanne, C. M., & Moyer, C. A. (2015). Grandmothers as gatekeepers? The role of grandmothers in influencing health-seeking for mothers and newborns in rural northern Ghana. *Global Public Health*, 10(9), 1078-1091. <http://dx.doi.org/10.1080/17441692.2014.1002413>
  - Gyasi, R. M., Asante, F., Yeboah, J. Y., Abass, K., Mensah, C. M. & Siaw, L. P. (2016). Pulled in or Pushed out? Understanding the complexities of motivation for alternative therapies use in Ghana. *International Journal of Qualitative Studies on Health and Well-being*, 11 29667. doi:10.3402/qhw.v11.29667
  - Hampshire, R. K., & Owusu, S. A. (2013). Grandfathers, Google, and Dreams: Medical Pluralism, Globalization, and New Healing Encounters in Ghana. *Medical Anthropology*, 32(3), 247-265.
  - Haque, A., & Keshavarzi, H. (2014). Integrating indigenous healing methods in therapy: Muslim beliefs and practices. *International Journal of Culture and Mental Health*, 7(3), 279-314. doi:10.1080/17542863.2013.794249
  - Hunter, D., McCallum, J. and Howes, D. (2019) Defining Exploratory-Descriptive Qualitative (EDQ) research and considering its application to healthcare. *Journal of Nursing and Health Care* 4(1). <https://eprints.gla.ac.uk/180272/7/180272.pdf>
  - Imam, A. H. (2012). Notes on the Islamization of Dagbon. *AfricaUpdate*, Vol. XIX(Issue 1, (Winter) Central Connecticut State University 1615 Stanley Street New Britain, CT 06050).
  - Imam, A. H. (2015). Change and cultural survival in Dagbon: Assessing the influence of Islam on aspects of Dagbamba cultural practices. *International Journal of Innovative Research and Advanced Studies (IJIRAS)*, 2(1), 28-37.
  - Ivanishkina, Y. V., Shmatova, M. B., & Goncharova, E. A. (2020). Sufi healing in the context of Islamic culture. *European Journal of Science and Theology*, 16(5), 99-106.
  - Khorombi, E. M., Masola, N. J., & Sigida, S. T. (2019). Spiritual diagnostic criteria in an African setting: The case of

- baruti in Limpopo province, South Africa. *Theologia Viatorum*, 43(1). <https://hdl.handle.net/10520/EJC-1cc7ed72bb>
- Kpobi, L. N. A., Swartz, L., & Omenyo, C. N. (2019). Traditional herbalists' methods of treating mental disorders in Ghana. *Transcultural Psychiatry*, 56(1), 250-266. doi:10.1177/1363461518802981
  - Kwame, A. (2016a). Theorizing Health and Illness: The Role of Language and Secrecy in Traditional Healing among the Dagomba. *International Journal of Humanities and Social Science*, 6(2), 73-83.
  - Kwame, A. (2016b). *Traditional Medicine and Healing among the Dagomba of Ghana. MPhil Thesis*. Tromsø: The Arctic University of Norway.
  - Kwame, A. (2021). Integrating traditional medicine and healing into the Ghanaian mainstream healthcare system: Voices from within. *Qualitative Health Research*, 31(10), 1847-1860. doi:10.1177/10497323211008849
  - Lacey, A. & Luff, D. (2009 [2001]). *Qualitative data analysis*. Sheffield: Trent Focus.
  - Laughlin, A. V. (2015). A brief overview of al-jinn within Islamic cosmology and religiosity. *Journal of Adventist Mission Studies*, 11(1), 67-78.
  - Marshall, C., & Rossman, G. B. (2016). *Designing qualitative research. 6th ed*. Sage Publications
  - Miles, M. B., Huberman, A. M., & Saldana, J.. (2013). *Qualitative Data Analysis* (3rd ed.). Los Angeles: Sage.
  - Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16, 1-13. doi:10.1177/1609406917733847
  - Østebø, T. (2014). The revenge of the jinns: Spirits, Salafi reform, and the continuity in change in contemporary Ethiopia. *Cont Islam*, 8, 17-36. doi:10.1007/s11562-013-0282-7
  - Peprah, P., Gyasi, R. M., Adjei, P. O.-W., Agyemang-Duah, W., Abalo, E. M., & Kotei, J. N. A. (2018). Religion and health: Exploration of attitudes and health perceptions of faith healing users in urban Ghana. *BMC Public Health*, 18(1358). <https://doi.org/10.1186/s12889-018-6277-9>
  - Pontzen, B. (2020). What's (not) in a leather pouch? Tracing Islamic amulets in Asante, Ghana. *Africa*, 90(5), 870-889. doi:10.1017/S0001972020000625
  - Rashed, M. A., & van Staden, W. (2021). Dangerous liaisons: Science, tradition, and Qur'anic healing in the Dakhla Oasis of Egypt. In F. B. Stoyanov D., *International perspectives in value-based mental health practices* (pp. 313-318). Springer, Cham. [https://doi.org/10.1007/978-3-030-47852-0\\_36](https://doi.org/10.1007/978-3-030-47852-0_36)
  - Sackey, M. B. (2002). Faith healing and women's reproductive health. *Research Review New Series*, 18(1), 5-11.
  - Sax, W. (2014). Ritual healing and mental health in India. *Transcultural Psychiatry*, 51(6), 829-849.
  - Shange, S., & Ross, E. (2022). "The question is not how but why things happen": South African traditional healers' explanatory model of mental illness, its diagnosis, and treatment. *Journal of Cross-Cultural Psychology*, 53(5), 503-521. doi:10.1177/00220221221077361
  - Tacco, U. J. (2010). 'Every disease has its cure': Faith and HIV therapies in Islamic Northern Nigeria. *African Journal of AIDS Research*, 9(4), 385-395. doi:10.2989/16085906.2010.545646
  - White, P. (2015). The concept of diseases and health care in African traditional religion in Ghana. *HTS TheologeseStudies/Theological Studies. Art. #2762*, 71(3), 1-7. <http://dx.doi.org/10.4102/hts.v71i3.2762>
  - Yidana, A. (2014). *Socio-Religious Factors Influencing the Increasing Plausibility of Faith Healing in Ghana. Ph.D. Dissertation*. Halle-Wittenberg: the Martin-Luther University.

