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Republic of Ghana
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OCTOBER 30, 2026

PRESS STATEMENT

FOR IMMEDIATE RELEASE

RE: OFFICIAL RESPONSE TO STATEMENTS DISCOURAGING THE USE OF HERBAL MEDICINES IN GHANA

The attention of the Governing Board of the Traditional Medicine Practice Council (TMPC) has been drawn to recent statements in the public domain discouraging the use of herbal medicines in Ghana.

These include a publication by GBC News on 29th September, 2026 to mark World Heart Day, attributed to a Public Health Physician Specialist, to the effect that "Do not go in for herbal medicine; they do not cure hypertension, heart problems or diabetes."

Similarly, in a live studio program on GHOne Television, a panelist identified as Dr. Sompa (Founder, Dinah-Gayle Medical) alleged, without any scientific or factual basis, that over 40% of patients on dialysis in Ghana is as a result of herbal medicine.

The Governing Board of the TMPC, established by Parliament under the Traditional Medicine Practice Act, 2000 (Act 575), wishes to state unequivocally as follows:

1. While the Council respects the views of all health professionals, including those in the allopathic space, and acknowledges the importance of evidence-based public health education, the Council detests sweeping, unguarded and factually unsubstantiated statements intended to discourage the Ghanaian population from using herbal medicines.

2. Such statements, in the light of the enormous progress made by the Ministry of Health and its agencies together with global partners such as the World Health Organization (WHO) and the West African Health Organisation (WAHO), have the tendency not only to erode the strides made over decades but also to create the erroneous impression that herbal medicinal products have no efficacy and scientific basis.

3. Herbal medicines registered by the Food and Drugs Authority (FDA) of Ghana are safe, efficacious and have scientific basis.

4. The impression must not be created that traditional/herbal medicine practitioners and professionals in Ghana do not know what they are about. Ghana today is the first country south of the Sahara to train qualified Herbal Medicine practitioners to Bachelor of Science (BSc), Master of Philosophy (MPhil) and Doctor of Philosophy (PhD) levels at the Kwame Nkrumah University of Science and Technology (KNUST), Pentecost University and others. These practitioners are trained in medical sciences, pharmacognosy, toxicology and clinical care, and are licensed under Act 575 to provide care within their scope.

5. Ghana has made deliberate and significant investments in its herbal medicine industry for several decades. The establishment of the Centre for Plant Medicine Research (CPMR) at Mampong-Akuapem since 1975, the creation of a full Directorate in charge of Traditional and Alternative Medicine at the Ministry of Health (TAMD), and the integration of Herbal Medicine Units into over 55 public hospitals, including Manhyia District Hospital, are strong indicators of Ghana's commitment. This is complemented by the FDA's rigorous evaluation and registration of herbal products.

6. These national efforts are in consonance with the WHO Traditional Medicine Strategy (2025-2034) and WAHO's harmonization programme for traditional medicines in West Africa, where Ghana has been a leading partner. WHO does not seek to replace one system with another but promotes integration and rational use.

7. The Council agrees that, like all other forms of medicine, traditional medicine must be accessed and used rationally. No responsible practitioner, whether allopathic or traditional, should claim absolute cure for chronic non-communicable diseases such as hypertension, heart disease or diabetes, as these conditions require long-term management, lifestyle modification and adherence to treatment. It is imperative to emphasize that no allopathic drug cures these disease conditions either.

8. Similarly, no blanket statement should be made that herbal medicines are ineffective for managing these conditions. Several FDA-approved, scientifically researched Ghanaian herbal products have demonstrated evidence in the supportive management of hypertension, diabetes and cardiovascular risk factors when used appropriately under qualified supervision. To suggest otherwise is factually inaccurate.

9. The Board calls for collaboration, not antagonism. Allopathic and traditional medicine practitioners serve the same Ghanaian patient.

10. The Board calls on all persons who engage in public health education relating to traditional/herbal medicines to speak to facts supported by credible scientific research and desist from making unsubstantiated statements calculated to erode public confidence in herbal medicine products and services.

11. We encourage the public to:
    a) Seek care from licensed practitioners only - both orthodox and traditional;
    b) Use only FDA-approved herbal medicines;
    c) Disclose all medicines being taken to their healthcare providers to avoid interactions; and
    d) Desist from self-medication and from patronizing unlicensed peddlers.

12. We invite all healthcare providers and the general public to engage with the Council for accurate information and to visit our licensed Herbal Medicine Units for evidence-based practice.

13. We remain committed to our mandate of protecting the public through regulation, training, research and public education.

Thank you.

THE BOARD CHAIR
TRADITIONAL MEDICINE PRACTICE COUNCIL (TMPC)

CC:

- The Hon. Minister, Ministry of Health
- The Director-General, Ghana Health Service
- The Chief Executive Officer, Food and Drugs Authority
- The President, Ghana Medical Association
- The Director, Centre for Plant Medicine Research, Mampong
- The Ag. Director, Traditional and Alternative Medicine Directorate, MoH

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