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Preservation of Traditional Bone setting (TBS) skills among Nkpologu and Uvuru in Uzo-Uwani LGA of Enugu State

BY

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Abstract

Traditional bone setting has existed from time immemorial in most African communities and had formed part of African culture. The preservation of traditional bone setting (TBS) skills among Nkpologu and Uvuru communities in Uzo Uwani LGA of Enugu state formed the focus of the study. A qualitative research approach was adopted in the study using an in-depth interview as a means of data gathering. The population of the study comprises of the three famous bone setters in Nkpologu and Uvuru respectively and few clients available in their clinics at the time of the study. The researchers visited the practitioners one on one to elicit information on the origin of bone setting in Nkpologu and Uvuru people; the skills required in bone setting; The health implication of bone setting in the area; the challenges encountered in traditional bone setting; and the preservation strategies for traditional bone setting in Nkpologu and Uvuru. The study revealed that the practice of bone setting is usually from ancestral heritage while others tagged the knowledge to revelation through dreams or trance and apprenticeship. The practice had affected many lives positively in the places and beyond. The challenges facing the TBS in the areas of study includes derogation from the orthodox practitioners, and mal practice among some practitioner, the researchers recommend among other things that a regulatory body be set up by the government to oversee the affairs of these practitioners.

Key words: Preservation, Bone setting, Traditional bone setting, kills.

Introduction

The use of traditional healing remedies for ailments has always been part of human culture .Research has shown that traditional bone setting as one of the healing remedies has been an old practice found in almost all communities of the world (Ezeanya-Esiobu 2019). A traditional bone setter as called in Igbo language (Onye na-agba okpukpu) is a local health practitioner who is knowledgeable and skilled in the art of fixing fractured or sprained bones, mainly in the ribs, hand and leg bones. The profession is prevalent among the Nsukka and uzo-Uwani people of Enugu state. The skill is an age long knowledge which has been transmitted from generation to generation. *Odatuwa-Omagbemi, Adiki, Elachi, and Bafor(2018)* added that the practice like many other traditional practices, is passed on from generation to generation along family lines in

form of apprenticeship with occasional admission of persons outside the family line to learn the trade also as apprentices. The inability to preserve the skills and train the younger generation to continue in the profession is adversely affecting the posterity of the profession in the area. There is a general belief in most African communities that TBS do much better at fracture treatment than orthodox practitioners and that there is a supernatural influence in their management of fractures (Abang, Asuquo, Ngim, Ikpeme, Agweye, Urom, Anisi & Mpama 2016). This may be due to the fact that the traditional bone setters had long been in practice before the orthopedics was introduced to the developing world (Singh 2013) It has largely been observed that the knowledge of this skill is fast fading away owing to the death of some of the practitioners, lack of documentation and preservation skills, among others. Libraries are supposed to hold the knowledge to everything and librarians are the key players in information preservation and dissemination. Besides helping readers to locate information when needed, Librarians serve both the urban and rural communities through acquiring, processing, organizing and preserving information. Librarians as information preservers now have the opportunity to use modern tools to preserve oral information and make them available to users. Therefore, using different information preservation techniques like information repackaging, documentation, video recording, tape recording, archiving, picture of herbs and other used items by the traditional bone setters can make the Librarian a strong agent in the preservation of bone setting skills.

Problem statement

Existing data in Nigeria reveals that traditional bone setters are decreasing rather than increasing. For example observation and experience have proved that there is a drastic decrease in the practice of the profession in Enugu state from about 50 percent in 1995 to 10 percent in 2018 due to death of practitioners. Over time, traditional bonesetters in the Western nations gradually became extinct, to be replaced with orthopaedic doctors trained in the medical colleges (Ezeanya-Esiobu 2019) Librarians seem to not to be proactive in carrying out their function as oral information preservers by using different techniques in preserving information on TBS skills, thereby watching it go extinct. This study is therefore designed to intensify actions in preserving TBS skills by librarians using available information dissemination techniques to preserve this health practice that is fading away.

Purpose of Study

The purpose of this study is to find out the Preservation of Traditional Bone setting (TBS) skills among Nkpologu and Uvuru in Uzo-Uwani LGA of Enugu State. Specifically it is targeted at finding out

- 1) The Origin of bone setting in Nkpologu and Uvuru people.
- 2) The skills required in bone setting
- 3) The health implication of bone setting in the area.
- 4) The challenges encountered in traditional bone setting
- 5) Preservation strategies for traditional bone setting in the area

Literature review

Origin of bone setting

The origin of traditional bone setting varies from place to place and from family to family. In the words of Singh, Singh and Bindra (2015) Bone setting practices is predominant in most countries and may vary by name, art and place. They added that practitioners educate themselves from tradition and takes up the practice of healing without having any formal education or training in the accepted medical procedures. Ezeanya-Esiobu (2019) had it that it is a family practice in developing countries; skills and knowledge are passed from one generation to another through apprenticeship, he added that it is possible for certain outsiders who show keen interest at an early age and are sometimes “sanctioned by the gods” to learn the intricacies of the profession

The functions of TBS mainly include management of fractures, dislocations, congenital anomalies along with their associated complications. The practice of bone setting is ancestral in nature and is passed on from generation to generation. Though there is no documentation on the knowledge, skills, norms and procedures. Owoseni, Oluwadare and Ibikunle (2014) found out that on the source of their knowledge in bone setting, it was revealed that majority of the traditional bone setters got into the system through informal education from parents or from relatives, and many others indicated that they got into the practice through other different sources. In another study by Dada, Yinusa and Giwa (2011) virtually all the reviewed publications agreed that this method had existed for decades and indeed clusters of family and tribes practice it and practitioners keep it as a family secret. The training is passed from one generation to another through skills and experience acquired as part of an ancestral heritage. Idris, Mohammed and basher (2010) added that the traditional bonesetter’s practice is a highly specialized form of traditional medicine that is usually passed from father to son but some outsiders also receive their training via apprenticeship, This assertion was also supported by Ogunlusi, Okem and Oginni(2006)that traditional bone setting services are well preserved as a family practice, and training is by apprenticeship while the records are kept strictly by oral tradition. Sina,Taiwo and Ayodele (2014) added that it was revealed that majority of the TBSs interviewed got into the system from self education, parents or from relatives, and many others indicated that they got into the practice through other different sources. Orthopaedic surgeons have been described as inheritors of tradition. A pioneer orthopaedic surgeon, Hugh Owen Thomas, was from a lineage of bonesetters and learned the art of bone setting from his father. He subsequently took over his father's practice and he also made significant contributions to the development of orthopaedic surgery (Ekere and Echem 2011)

Skills required in traditional bone setting

There are many methods applied by the traditional bone setters in order to bring healing to the wounded or damaged bones. Alegbeleye (2019) found out that the young ones learn the art of bone setting by first observing the way the bonesetters treat patients and later assisting to set bones until they become well equipped to set bones themselves. The methods may vary from place to place and from person to person. Singh, Singh and Bindra (2015)enumerated some basic treatment to include bandaging techniques, management of inflammation, sprains, strains, dislocations, fractures and strengthening of bones using medicinal products such as oils. These authors revealed that the tribes of South Australia made splints from clay, and the Shoshone

Indians soaked strips of fresh rawhide in water and wrapped them around limbs. Rawhide and clay hardened when it dried protecting the injured bone. Bone setting practice involves a remarkable degree of expertise and skills as it does not involve radiological aids as this practice is passed on to the generations. In another study, Dada, Yinusa and Giwa (2011) noted the different methods used by bone setters in Nigeria to include splints and bamboo stick or rattan cane or palm leaf axis with cotton thread or old cloth. This is wrapped tightly on the injured part and left in place for the first 2–3 days before intermittent release and possible treatment with herbs and massage. This release of the splint is however not uniformly practiced with massage and manual traction of the affected bone. This may be done exclusively or in conjunction with the use of traditional splint and herbs from bark of a particular tree and oil of ojukwu palm ointment application. Alegbeleye (2019) also noted that the herb is gotten from a local tree known as ‘sheyshey’, which is always located at a particular place, and a black substance prepared from the tree. Fractures that fail to heal with the routine treatment of splinting and massaging may be given further traditional treatment by way of scarifications, sacrifices and incantations. The traditional bonesetters apply frequent change of the bandages in order to reapply the herbal cream that aids in the healing of the bone. In some cases, especially in the case of open fractures, they employ such mechanisms as incantations, to extract bone fragments from the fracture area, while amulets and charms are given to the patients to take home, with the belief that they will be protected from the forces of darkness (Ezeanya-Esiobu 2019).

Some recent reports from South-Western and Central Nigeria confirm that some of the practitioners have started inculcating some orthodox practices into their treatment. This includes wound dressing and suturing and even use of radiological aids. Ugwuanyi and Ejikeme (2013) added that they now use crepe bandage and radiographic materials (x-ray) for fracture treatment which is a borrowed idea from the orthodox. Okonkwo (2012) purported that some practitioners use some supernatural means (incantations) as part of the healing process. However, these groups of practitioners acknowledge that bone setting has to do with one’s gift, talent or call.

The diagnostic procedures include enquiries into the cause of the injury, touching and feeling with the fingers to ascertain the nature and severity of the fracture, and the use of X-ray photographs to ascertain the nature and anatomical site of the fracture. Edusei1, Owusu-Ansah, Dogbe, Morgan and Sarpong (2015).

Health implications of traditional bone setting

Traditional bone setting has many health implications both for the benefactors and the practitioners. Aniago (2015) stated that generally, Africans practice their traditional medicine and cures at least minor diseases and in some cases, serious ailments that even today defy orthodox treatment, he cited traditional bone setting as a good example of traditional medicine practices. There is presently serious debate on which of the western orthodox medicine or traditional medicine that manages bone fracture more efficiently, in the opinion of Ejima (2014) high cost, delay, fear of amputation and the application of plasters of Paris in orthodox orthopedic centers may constitute other reasons for the high patronage of traditional bone setters in Nigeria. Ikpeme, Udosen, and Okereke-Okpa(2007)earlier stated that traditional bone setting was preferred to the orthodox because traditional bonesetters were believed to be more skillful than orthodox orthopaedic practitioners. . Adesina in Ojua, Bisong and Ishor (2013)

believe that the traditional bone setters are capable of arresting the deterioration of gangrenous limbs that may lead to amputation. Interestingly they are capable of setting bones that the orthopedic doctors could not treat. They added that it is evident that most patients who have their legs or hands broken, as a result of accidents often have such legs or hands amputated in orthopedic hospitals. Traditional bonesetters are paramount to effective and efficient primary fracture care delivery system in Nigeria. Eshete in *Odatuwa-Omagbemi, Adiki, Elachi, and Bafor, (2018)* added that a large proportion of fractures continue to be treated by traditional bone setters (TBS) who are readily available and often have a good local reputation especially in developing countries. Primary healthcare delivery system is a means of delivering healthcare services, to the rural populace. Bonesetters are unorthodox practitioners who play an important role in providing primary 'medical' support (Ugwuanyi and Ejikeme 2013) Bone setters (Onye ogba okpukpu) are traditional health practitioners who are versed in the art of fixing fractured or sprained bones mainly hand and leg bones. While the western orthopaedic surgeon applies the 'Plaster of Paris' (P.O.P), antibiotics, pain relievers etc, the dibia-okpukpu relies on herbs, wooden splints, clay etc. which they apply to the fractured part of the body, in addition to their special skills in setting the fractured bones. The medicine is applied to the fractured area, alongside wooden splints, which are protective and supportive; meant to keep the medicine in place as well as guide the fractured bones and enhance easy recuperation Ezeanya-Esiobu (2019) discovered that patients claimed to have patronized the traditional bonesetters because they wanted quicker services that would enable them return to work sooner (Okonkwo 2012). Worku, Tewelde, Abdissa and Merga (2019) found out that trauma patients who were not admitted in the hospital for injury were about eight times more likely to prefer TBS for injury management. Supporting the positive impact of the (TBS), Bassey, Edagha, Peters & Bassey (2009) added that most of them have successfully treated cases that had been condemned for amputation at hospitals. When probed further on their reason for the withdrawal from the hospital (for those who had visited the hospital before coming to the clinic), it was discovered by Owumi, Taiwo, and Olorunnisola (2013) that nearly eighty percent of them withdrew due to lack of improvement in their condition .

Challenges encountered in bone setting

Traditional bone setting like any other profession has its own challenge that is facing it. One of the greatest challenges according to Owoseni & Ibikunle (2014) is the campaigns against its existence and patronage, especially by the orthodox practitioners. Abebe and Ayehu in, Agarwal (2010) asserted that Modern practitioners often point out that traditional bonesetters in trying to treat more serious injuries, the patient usually ends up requiring operative intervention resulting in diminished chances of successful outcomes. In their opinion, the bonesetters' main reputation comes from treating minor injuries such as sprains or soft tissue damage. The traditional bandaging method of applying splints directly to skin has often been mocked as nothing more than the traditional tourniquet fracture source. However, the outcome of the intervention of TBS treatment is usually poor with profound effects on the patient. (Dada, Yinusa, and Giwa 2011) However Edusei et al (2015) enumerated some major challenges confronting the TBS in the effective discharge of their duties to include, inadequate space to operate from, and being unable to

provide enough accommodation for their clients coming from far. Of major concern to them is the unavoidable arrangement to move the injured to and from the healing centre to receive medication, which retards the healing process as the set broken bones may be frequently disturbed. They also discovered that fractures that are caused by evil forces are difficult to heal, and requires a spiritually strong person to detect and address these cases.

Strategies for curbing the challenges.

Incorporating traditional bone setters into the primary health care as well as instituting a training algorithm have been suggested by some authors, Chika and Onyekwelu (2016) It is important that efforts be made at regulating their practice including the establishment of a sound referral system and adoption of a standard training curriculum. (Owoseni, Oluwadare & Ibikunle 2014). Ugwanyi and Ejikeme (2013) added that information repackaging is another way out of curbing the challenges of Traditional bone setters in Nigeria. For them, Information repackaging simply means the presentation of information in a more understandable, acceptable and usable forms. In today's world old ideas are repackaged and presented in a new format. In this regard, the traditional bone setting is not left out in this bold step to rejuvenate the already existing talent of bone setters in rural areas. It is advocated in some quarters that traditional bone setters should be trained and integrated into our community health system as is done for traditional birth attendants (Udosen, Otei and Onuba 2006)

Research methods

The researchers adopted a qualitative approach in the study using an in-depth interview as a means of data gathering. Eduseni et al (2015) noted that qualitative research is meant to 'discover' rather than 'measure' perspectives. Two bone setters in Nkpologu, one in Uvuru and few clients formed the population. The researchers visited the practitioners one on one to elicit information on the Origin of bone setting in Nkpologu and Uvuru people; The skills required in bone setting; The health implication of bone setting in the area; The challenges encountered in traditional bone setting; and the preservation strategies for traditional bone setting in Nkpologu and Uvuru..The findings were recorded qualitatively according to the research purpose as the study was purely on traditional bone setting.

Discussion and findings

Traditional bone setting had been in practices in most countries as a branch of the general traditional medicine. The study reveals that traditional bone setting is handed down from ancestors. This agrees with Dada, Yinusa and Giwa (2011) that the training is passed from one generation to another through skills and experience acquired as part of an ancestral heritage. The three practitioners involved in the study all believed that the practice was handed down from their ancestors. However, their origin varies slightly Mr Titus Ugwu from Nkpologu reveals that it was revealed to their fore father through dreams; both the practices and herbs were usually revealed and thought in dream to them. For Chief Joseph Nwankwor of Amaekwuru Uvuru, he grew to see his father in the practice and took over from him without asking how it came to be. Mr Mathias Ogbonna reveals that the spirit took the fore father to a forest and thought him the practices. Yet all of them points to the origin from the ancestors. It agrees with Singh, Singh and Bindra

(2015) that the practice of bone setting is ancestral in nature and is passed on from generation to generation

The researchers found out that the method involved in the practices varies slightly from person to person. Although there are significant relationships amongst them, as informed and observed by the researchers, the use of splint and bamboo is common among practitioners in straightening the bones. This is in consonance with Dada, Yinusa and Giwa (2011) who noted that the different methods used by bone setters in Nigeria includes splints and bamboo stick or rattan cane or palm leaf axis with cotton thread or old cloth .Mr Titus Ugwu told the researchers that anything could be used as medicine when the practitioner is chosen for the service **He added that some herbs like Aji Bark, Ooto bark and mgbe di negwu ma egwu.** Mr Nwankwo said that their herbs involves back of a particular tree, oil and fire. In agreement with Ugwuanyi and Ejikeme (2013) the study reveals that the practitioners make use of some orthodox practices like the X-ray and modern drugs for the treatment of wound. This was confirmed by Mr Joseph Nwankwo and Mr Mathias Ogbonna who told the researchers that they invite chemists to treat and dress open wounds while Mr. Titus Ugwu make use of X-ray as a guide for his treatment. He also showed the researchers a hand full of X-ray reports brought by his clients.





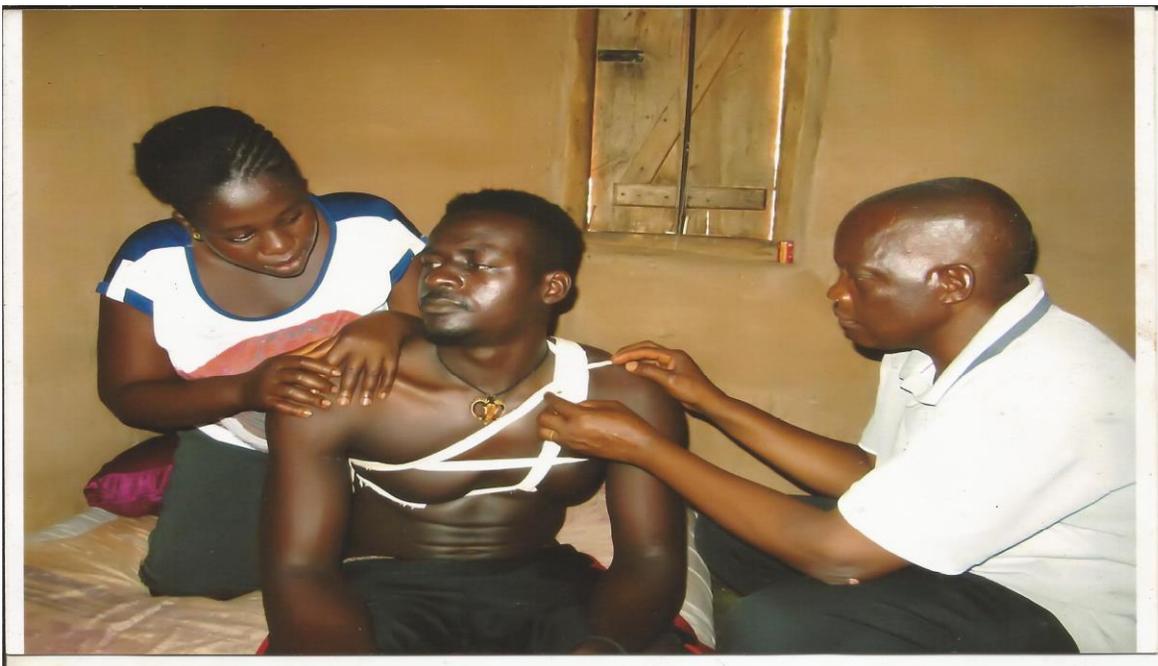
Pix 1 and 2 above shows Nurses helping to treat open wounds and other ailments while Mr Titus Ugwu sets the bone

The traditional bone setters had been of a great importance to the people of the area and beyond. They handle complicated fractures and dislocations that defy orthodox medicine. This is in line with Bassey, Edagha, Peters & Bassey (2009) who found out that most of them had successfully treated cases that had been condemned for amputation in orthodox hospitals. Mr Ugwu gave us instances of cases that was brought to him from an orthopaedic hospital, which he successfully handled. Mr Austin Chiagolu a client told researchers that his case had defied treatment since 2018 until he was referred to Mr Ugwu who started few weeks with him. At the time of the research Mr Chiagolu proved his ability to stand and work with leg. This can be seen in the picture below.



Mr Austin Chiagolu demonstrates ability to use the leg after few weeks of treatment in Mr Titus Ugwu bone setting centre in Nkpologu

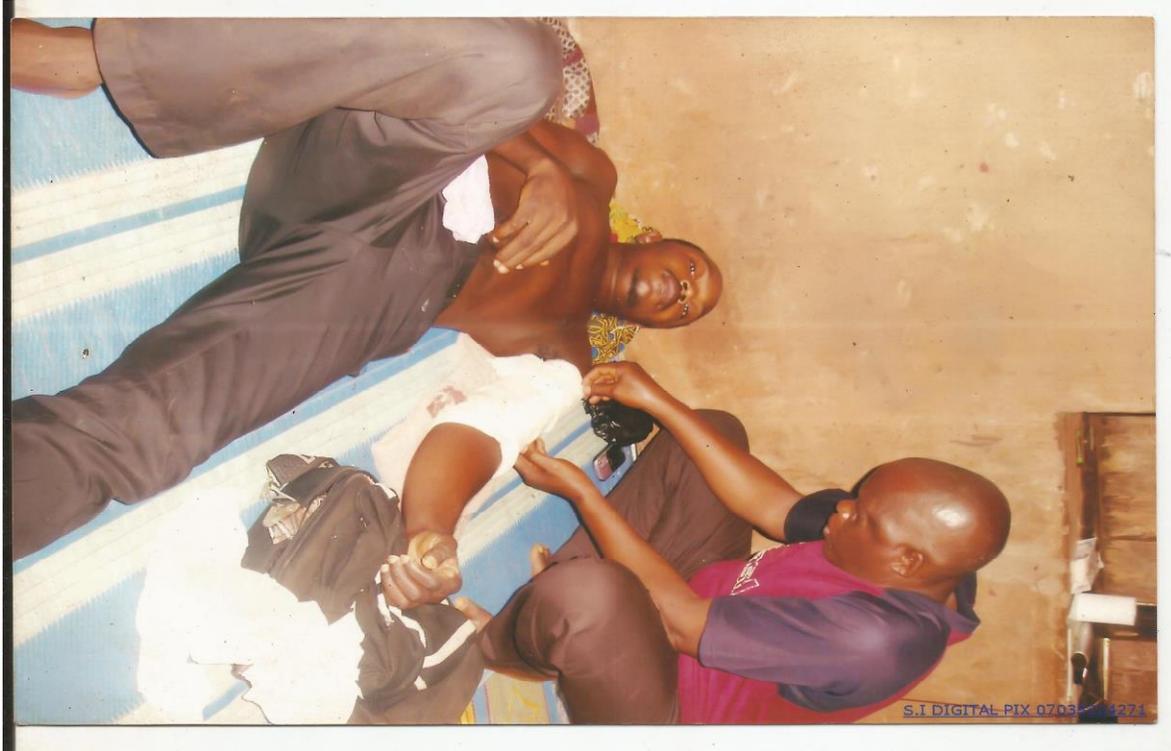
The same is also related with Chief Nwankwo. For Mr Ugwu who is a headmaster in one of the schools in the area, he engages himself in further research about bone setting to improve his services, this according to him is to meet up with the difficult cases that are being referred to him from far and near like clavicle cases as shown below.



One of the difficult cases “clavicle” fracture being handled by the practitioner

He gave us the types of fractures like, Greenstick in children whose bones are like plastic; Simple fracture; Compound fracture; cumulated or multiple fracture. Pathological cases which are of bone diseases but actually not fracture also exist. They handle situations that emanate from the immediate community, like palm tree climbers who happens to fall from palm trees and sustain fractures among the populace.





Tibia fibular and femur fractures respectively from the immediate environment

The researchers found out that the practice of traditional bone setting is not without challenges. The challenges emanate from co-practitioners and more especially their orthodox counterparts. Mr. Titus Ugwu enumerated some of these challenges to the researchers. According to him, the orthodox practitioners used to describe them as quack, untrained, inexperienced and lack of specialties. This is in line with Owoseni and Ibikunle (2014) noting the campaign against the existence and patronage of traditional bone setters, especially by the orthodox practitioners. This is also evident in Dada, Yinusa and Giwa (2011) that the outcome of the intervention of TBS treatment is usually poor with profound effects on the patient. Apart from the orthodox intervention is the poor practice of some practitioners which according to Mr. Ugwu is as a result of practicing without divine calling or being taught. A woman the researchers met at Mr. Ugwu's clinic Mrs Faustina Amuli from Nze had suffered from the poor practitioners for more than a year before coming to Mr Ugwu, She confirmed that her healing is rapid coupled with a friendly environment and at affordable cost.



Mrs Faustina Amuli on her treatment at Mr. Ugwu's clinic

Also, alcoholism among practitioners and entanglement with women in fornication and adultery which defiles their practice is also a problem. Mr. Joseph Nwankwo added that one of their challenges is unavailability of personnel to hold the victim in the process of straightening the bones, this may be because there is no traditional analgesic to calm or cease pain before treatment. The researchers found out that secrecy is one of the major challenges among the traditional bone setters. Many of the practitioners find it difficult to reveal the practice to other persons even to their children except the person that had the divine calling for the practice among family members. There are no principles, rules and standards guiding the practices of TBS in the area, such as clinic standard, environmental settings, charges and modus operandi. The researchers also noted that there is no collaboration, unity and association among the practitioners, which means, to each, its own.

Conclusion

Considering the input of the traditional bone setters to the health condition of the people, the researchers deem it necessary to discuss modalities that may be adopted to curb the challenges. In order to eradicate the derogatory attributes given to the traditional bone setters by their orthodox counterpart, there is a need to set a standard for them, this may be achieved by setting up a body that will accredit and or license practitioners in order that a standard will be achieved. It is also pertinent that intermittent training will be given to the accredited practitioners to ensure standard. Also in maintaining a standard a traditional bone setter should have one or two persons working for him/her as an assistant or an apprentice, this will solve the problem of lack of personnel in the service. In other to break the oat of secrecy that make some of the practitioners to die with their knowledge, it become crucial that workshops, symposia and conferences be held sporadically for the traditional bone setters in order that they may share ideas and practices that will improve the practice. This will also expose to them some mal practices that may mar their profession such as

drunkenness, adultery and so on; it will also help them to share other practical experiences that will help to develop their performance.

Recommendation

- 1) Based on the findings of this study, the researchers recommend that the government should look into the affairs of the traditional bone setters by setting up a regulatory body for them as it is to their orthodox counterpart.
- 2) We also recommend that the efficacy of their treatments have to be further assessed and regulated.
- 3) Training of younger ones who should keep the ball rolling so that this life saving art shall not go extinct is highly recommended
- 4) Librarians should be proactive in preserving information on TBS skills.
- 5) Librarians in the rural areas should be more proactive in preserving information on the positive and negative health implications of TBS skills to rural dwellers as they practice it most.

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Interviews

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