

**THE PRACTICE AND CHALLENGES OF
TRADITIONAL BONE SETTING IN THE ABAKALIKI
AREA, EBONYI STATE, NIGERIA, 1970-2022**

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Abstract

African traditional medicine comprises various branches which include Traditional bone setting, a practice that have defied the challenge of science and modernization. While the growth of traditional medicine may fluctuate over time, the practice of bone setting seems to have maintained a steady growth and development, sometimes surpassing orthopedics. The practitioners cut across different age groups, gender and income levels and the practice which was previously manual and crude have over time, absorbed relevant aspects of orthopedics while retaining its traditional outlook. This study seeks to unravel the factors that favor the enduring relevance of traditional bone setters despite readily available orthopedic treatment in the hospital. The functionalist Theory of health featured in this paper for easier appreciation of the desperation for sound health which lends considerable traction to the bone setters. The paper relied on raw information garnered from interviews granted by the bone setters, patients and common people. Some written materials such as journals and online publications which discuss the practice of bone setting in Nigeria and Africa was utilized as well. The paper concluded that



collaborations exists between traditional bone setters and orthopedists. It equally recommended inter alia, an inclusion of atraditional bone setting section in orthopedic clinics in the Abakaliki area.

Key words: Bone Setter, Fracture, Orthopedic, Accident, Orthodox.

Introduction

The undying quest for sound health in the human body have aroused the breakdown of medical practice into branches, with each centered on specific parts of the body. It is proof of the complexity of the human body, coupled with pressure absorbed daily on endless activities which lead to occasional breakdown in health. Modern medical practice consists of a myriad of specialization in parts of the body, in specific age groups and in a particular gender. Unorthodox or traditional medical practice accommodates such specializations in few areas such as Orthopedic practice or bone setting, among others. The Orthopedists focus only on the skeletal framework of the body, unlike many trado-medical practitioners whom though unspecialized, have proven highly effective, regardless. In keeping with its name, traditional orthopedic practice, also known as traditional bone setting (TBS), for the most part, is crude in nature and sometimes thrives on superstition. Dada, Yinusa and Giwa conceived that traditional bone setting varies in quality because its training is informal, non-regulated, lacks specific curriculum and therefore may not always guarantee positive results. Its knowledge and skills are believed to be passed on by oral tradition and by heredity.¹

The Abakaliki area, being the geographic scope of this work comprises communities in eight Local Government Areas found in today's Ebonyi State. They include Ohaukwu, Abakaliki, Ishielu, Ebonyi, Izzi, Ezza North, Ezza South and Ikwo. Those are the Areas currently occupying Ebonyi North and Ebonyi Central



Senatorial Zones. The choice of the geographic scope, is informed by the largely traditional outlook of the area which is a major factor in the people's greater preference for traditional means of health sustenance particularly in the area of bone injuries. This fact therefore necessitates this study.

Sina, Taiwo and Ayodele, quoting the World Health Organization (WHO), defines traditional bone setting as those health practices, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to diagnose and treat bone fracture in the human body.² R. K. Ngwu, writing on "Traditional Bone-Setting Practice in Orba" observes that traditional bone setting in Nigeria enjoys higher patronage than orthopedic practice as a result of poverty, ignorance and superstitious belief. Consequently, over 70% of the rural population in Nigeria relies heavily on traditional bone setting for primary fracture care.³ Onyemaechi *et al* writes that traditional and modern orthopedic care have existed parallel to each other for decades and over time, competition for greater patronage might have bred distrust and rivalry between both practitioners. The TBS believe they possess greater competence based on their inherent talent while the modern orthopedic doctors are more confident in their modernized and science-based training which synchronizes with modern trends.⁴ Among *Ndigbo* (Igbo people), the traditional bone setter is known as *Onyena-agba Okpukpu*. Despite the modernized and science-based education of medical professionals in Nigeria, coupled with sophisticated medical facilities, traditional bone setters remain popular. If anything, their popularity keeps growing with greater frequency and complications that arise from automobile accidents plus endless evidence of their outstanding success in bone treatment.



Statement of the Problem

Several medical practitioners and science-inclined scholars within and outside Nigeria have researched extensively on TBS with most coming up with similar research findings, regardless of the location in Nigeria. This is no surprise in view of the analogous origin, experience and success factors of the practitioners. A historical perspective becomes necessary at some point in analyzing trends in the profession over time and in a less explored location, being Abakaliki area in Ebonyi State in this case. Though TBS had been in existence way before the inception of orthodox orthopedics, the orthodox method to some extent, seem to be a challenge to the efficacy of TBS and may therefore draw some patients towards it. It is possible that an increasingly sophisticated and a reasonable degree of efficacy in modern orthopedics will continue to pose a threat to the patronage level of TBS. Moreover, limitations in the treatment offered by bone setters will continue to draw desperate and frustrated patients to the modern orthopedic surgeons. But while one may expect the likelihood of extinction of the TBS, owing to the sophistication and general comfort of the modern orthopedics, they are rather growing in popularity and with the competition tilting in their favour against their modern counterparts. In keeping with these suppositions, this research might reveal factors that promote the growth and steady relevance of the TBS nonetheless, within the time and geographic scope of this study.

Sources and Method of Investigation

This research was carried out through oral interviews conducted on few Traditional Bone setters with the intent to discover peculiarities in individual skills and practices. Current and old patients were equally interrogated as cases and experiences might differ. Additionally, some ordinary folks who have never visited the TBS shall be interviewed to elicit their preference and opinion about the practice. Few written sources, chiefly from journals provided the



needed information on the practice in other places in Nigeria, Africa and the world at large. An appraisal of the orthopedic clinic of the Federal Teaching Hospital, Abakaliki, provided some insight on the diagnosis and modern treatment techniques of the Orthopedists which may attract or repel patients with bone injury. Ultimately, the patronage trend of the TBS within the period of study will be established.

Bone Setting in the Abakaliki Area Before 1970

Research findings reveal that bone setting was entirely crude prior to 1970 without any collaboration with modern medicine. This is no surprise, given that Nigeria's level of modernization was minimal then. Information received from J. Mbam, a freelance bone setter practicing at Nkwagu was that his mother, Paulina Nweke Mbam who began practice since the mid-1960s used only crude method in treating bone injuries. The import is that no pain relief injections were administered to the patients.⁵ Corroborating his information, an old woman whose daughter had been treated by Mrs. Mbam explained that her method from the very inception of her career was very local and relied for the most part on communication with the spirits. Before she commenced treatment, a patient (or his relatives) must deposit a fowl and four tubers of yam. In manipulating the injured bones, she made use of three major herbal creams including *okwuma* (shea butter), *abuba eke* (python balm) and *ekwekekwe* (bone setting cream). She kept a steady supply of these ointments. It was forbidden for a patient to scream while those healing ointments were applied, regardless of the excruciating pain. Patients usually shed silent tears at this point. After application of the ointments and an assortment of squeezed green herbs on the injury, the area will be tightly surrounded with wood splints made of bamboo and then tied with a bandage to restrict movement of the limb.⁶

A source shared that he had watched his grandmother setting bones on several occasions and had been treated by her in the late 1960s.



He explained further that she also kept a collection of the same healing ointments. *Abuba eke* was always the first to be applied. Its function was to douse the initial inflammation which sets in shortly after an accident; next is the *ekwekekwe* used to set the bone; and finally, *okwuma* was used to massage the bone into shape. In his curiosity, he enquired how the python balm was actually extracted. His grandmother explained that it was the digestive enzyme in a python's belly which dissolves and digests the bones of an animal or human it had swallowed.⁷ Little wonder that it is quite handy in setting bones. Meanwhile, most bone setters use their bare hands to massage the injured bones till they are healed. The general belief was that anyone born with bone setting skills is naturally equipped with extraordinarily strong bones for the task.⁸

Patients endured excruciating pain during bone setting in those early days because anesthetics (numbing injections) and analgesics (pain killers) were not utilized by the bone setters. The practice then was entirely crude, but very efficacious regardless. A source provided that a bone setter who treated his father during the Nigerian Civil War used a piece of cow bone to manipulate his ankle and waist bone to shape, not his hands. For that bone setter, screaming out of pain was not an issue but touching him while he is working was forbidden and attracted a fine of a cock from the patient or his family members.⁹ Obviously, there are disparities in the style of practice in the pre-1970s as it is presently.

Growth of Traditional Bone-Setting in the Abakaliki Area, since 1970

Juma and Kuria defined the traditional bone setter as “traditional practitioners of joint manipulation, who educate themselves from tradition and takes up the practice of managing and treating without having had any formal training in accepted medical procedures.”¹⁰ Studies have shown that in most parts of the world, between 10-40% patients with bone injuries patronize the TBS. In Nigeria, there



are numerous traditional medicine practitioners. But the bone setters seem to enjoy a higher trust and patronage than the others and are sometimes, rated higher than the orthopedic doctors.¹¹

Apparently, women were not left out in the act of TBS. An oral source who patronized the Nkwagu traditional healing center in 2016, provided that the earlier mentioned Paulina Mbam, got the skill by heredity. Her remarkable competence in treating fractures and dislocations earned her wide popularity in the Nkwagu area. Her treatment period was restricted only to early hours of the morning before sunrise and in the evening after sunset. This time interval had been adhered to in the family line for decades and may have little or no connection with bone treatment and healing.¹² This special treatment period was observed in the case of Dr Ojiugwo of the Aboffia Healing Center who disclosed that his treatment schedule comes by dream revelation and differs with each day. To avoid failure in treating his patients, he adhered strictly to the time schedule provided in his dreams.¹³

Still on female practitioners, Chidera Enwo, was a twenty-nine-year-old bone setter who surprisingly, was also a certified Electrical Engineer. Her clinic is named Okwakamuo Rehabilitation Center, Enugu Ngwo, Enugu North Local Government Area, Enugu State. Though it is located outside Ebonyi State, Abakaliki people trooped to the clinic to seek solution for bone injuries. Strangely she hated bone setting with passion and considered it a fetish practice such that even when her father gave her money received from his patients, she would reject it. Interestingly, she is the last of seven children and the only one currently practicing bone setting in her family. With regard to the skills, she never learnt it from anywhere but just started practicing in 2008 after her father's demise. Curiously, she couldn't explain how she got the skills especially as she completely avoided her father when he practiced.¹⁴



Rivalries were hardly perceived in the Abakaliki area where the question of patients' preference remained the pivotal determinant of patronage for either the TBS or the orthopedic doctors. Available information proves that both practitioners do not feel threatened by each other.¹⁵ In a 2018 study at the Federal Teaching Hospital Abakaliki (FETHA 2), about 30% of the respondents have visited bone setters previously and over 50% agreed that they enjoy higher patronage than Orthopedic surgeons. During fieldwork, 85% of the respondents opted for TBS in the event of a bone injury, but 90% of bone patients interviewed will always recommend the TBS for others rather than modern medical personnel. These cut across different educational backgrounds and professions such as civil servants, motorcycle riders, corps members, petty traders, footballers, clergymen, etc.¹⁶

Reasons for Patronage of Traditional Bone Setting in Abakaliki Area

Ruhinda listed persistence of the injury among the reasons for greater preference of the TBS. A 2020 study in Kagera, Tanzania suggest that over sixty percent of patients who patronize TBS did so as a result of failed treatment by orthopedists.¹⁷ An oral source, agreed that some modern hospitals and doctors have turned out to be abysmal failures. Cases abound where the modern doctors aggravated the problems of their patients, sometimes by amputations.¹⁸

More patients preferred the TBS because it is generally cheaper and thus, more affordable than orthodox treatment. Juma and Kuria conceived that most local bone setters charged lower fees and sometimes flat rates for treatment.¹⁹ MrNkwegu Ugo disclosed that his gift was freely given to him, hence he can never demand outrageous fees from patients. He must keep his charges low as a means of retaining that Divine gift.²⁰ Obviously, financial gains were hardly the central incentive for bone setting particularly where



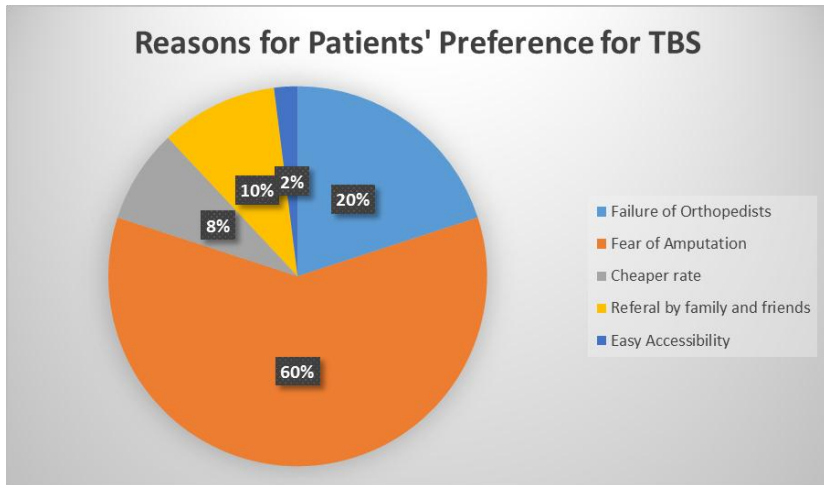
the skill is a spiritual gift. An elderly bone setter in Ikwo Local Government Area submitted that he can never charge above N5,000 for his patients for fear of losing his skills.²¹

In agreement with Juma and Kuria, Mrs I. Amasiaku who sustained a fracture when she fell while crossing a road demarcation in Nkaliki Abakaliki, visited the hospital first and was charged an initial consultancy fee of N60,000, but on seeking the help of a bone setter, she spent a total of N27,000 for a treatment that lasted about three months. In her own case, the high cost of treatment coupled with the perceived inability of the orthopedists to handle her case satisfactorily, led her to seek the services of the TBS.²² Most patients interviewed, were scared of possible amputation, just like Ifeoma Nwofe who shared that she asked to be discharged from the hospital on the advice of her elder brother who scared her with instances of previous patients that left with amputated limbs.²³

Some informants preferred modern orthopedic treatment to the TBS simply because they live in a civilized society and would rather be admitted in the comfortable environment of modern hospitals than in the unkempt and uncomfortable bone center.²⁴ Notably, science-based and sophisticated treatment will always be the better choice for most civilized folks. In a study done in Tanzania, a man who was receiving treatment in a bone center said he went there after a two-week stay in the hospital with no noticeable results. He was inspired by his uncle who had a fractured leg and was successfully treated by a bone setter.²⁵ Research findings regarding the reasons for high patronage of the TBS among the patients interviewed is represented in chart 1 below.

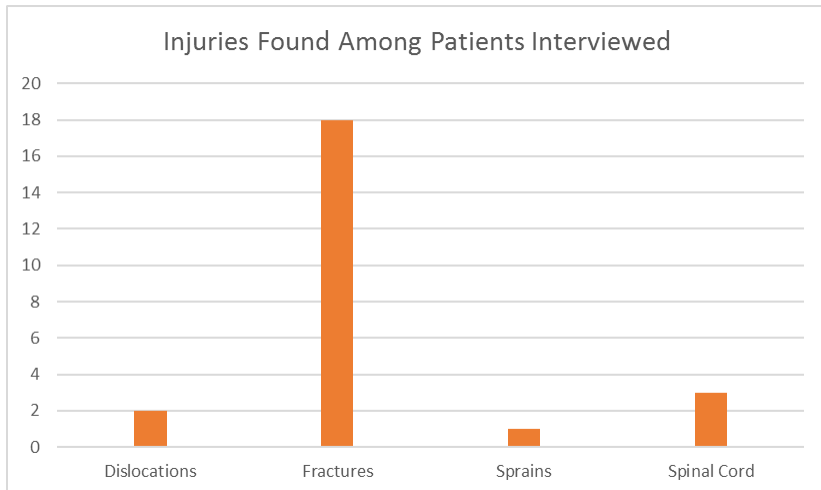


Chart 1



Source: researcher's field work observations.

Chart 2



Source: The researcher's field work and observations



Method of Diagnosis and Treatment

Fractures were the most common bone injuries treated by the TBS while dislocations seem fewer in number as seen in chart 2 above. The high frequency of fracture treatment by the bone setters is indicative of their lofty proficiency. Method of diagnosis is simply by touching the injured part of the body. The TBS would always recommend that a patient be brought to the clinic shortly after the injury is sustained as delay might aggravate the wound leading to loss of limbs to amputation.

A protracted observation of bone setting centers showed that the mode of treatment hardly requires an open surgery or amputation. It may be right then to conclude that the fear of surgery and amputation falls among major reasons for high popularity of the TBS as indicated in chart1. While this may be so, a rather strange phenomenon where something akin to open surgeries were actually carried out was observed in the Aboffia clinic. Completely shattered bones were removed entirely and replaced with the bones of animals such as the goat and the cow. Such may be necessary where the skin and muscles surrounding the bones were badly damaged in the accident. After the bone fixation, the broken skin was sutured back. The bone setter gave reasons for using animal bones as a replacement for shattered bones instead of human bones. Where human bone is to be used, the person must be dead already. There is the superstitious belief that the spirit of the dead might haunt the healed patient, demanding its bones. In retrospect, traditional bone setting often thrives on superstition.²⁶

Nkwegu Ugo of the Convent Obelechi traditional healing center, in Abakaliki uses his hands as a default x-ray machine and for general diagnosis. He began his bone setting career at the tender age of five by observing his father who was a bone setter. He, like Ojiugwo, acclaims receiving his mode of treatment for each patient through dreams; having received his skills by heredity, he was the only one who inherited it from his late father, making him “the chosen one.”



On the question of who among his children possessed that family skill, he revealed that only one person at a time practices the vocation in his family. One of his children can only receive the gift through dreams after he had passed on.²⁷

The treatment method applied by Chidera Enwo of Okwakamuo rehabilitation center, Enugu Ngwo was in-born and not by dreams. Strangely, she is a certified Electrical Engineer, but received her bone setting skill after her father passed on in 2008. Like other practitioners, she diagnoses bone injuries by physical examination and by listening to the sound of the bones. Once a case is presented before her, she already knew how to treat the injury. In more complicated cases, she might demand an x-ray from a hospital and she could read the results perfectly. This is a far cry from the approach of Ojugwo and Nkwegu who relied on dream revelations before treating patients. In the course of diagnosis, Enwo looks out for any shift in the healthy position of the bone so as to know how to manipulate it back to its rightful position. This she did with a piece of wood.²⁸ U. Ani narrated how he was successfully treated of a sprained ankle by Ms Enwo in March 2016. During treatment, the ankle was massaged at intervals with a mixture of *Okwuma*) and *abuba eke*. Ever since, he had continued to draw Abakaliki residents to the Clinic.²⁹

An Assessment of Patients' and People's Views on the TBS

Testimonies from most patients interviewed in different TBS centers revealed that they will always prefer the TBS and will recommend it for others. For most, the central reason is fear of Amputation. Mr. Uche Igwe, a 36-year-old civil servant at the Aboffia Healing Center sustained a fracture after a bike accident in October, 2022. After visiting the Federal Teaching Hospital Abakaliki (FETHA 2) and being recommended for an amputation, his brother who already knew about the TBS brought him to the clinic. He agreed to always recommend a TBS for anyone with a



bone injury because Orthopedic doctors seem always quick to prescribe amputation over bone issues that stands a chance with the TBS.³⁰ Indeed, Ruhinda observes that though orthopedic doctors are against the promotion of TBS, it continues to thrive regardless, to the extent of having fracture patients who abandon orthodox treatment for traditional bone setting.³¹ In concurrence, Aniago notes that,

*Some patients with bone fractures are known to have been transferred from modern hospitals to native clinics at the request of either the patients or their relatives with a view to receiving better treatment...most of the traditional bone setters are famous and versed to the extent that they handle cases that defy the orthopedic medicine.*³²

Evidence of the profound dexterity of the TBS were seen with Igweaja Emmanuel, a 28-year-old student of the Bigard Memorial Seminary in Enugu³³ and Ibenye Onyinyechi, both of whom sustained spinal cord injuries in car accident respectively. Both were referred to the Aboffia Clinic by close friends after failed treatment in modern facilities in 2019. At the time of interview in September 2019, Igweaja could sit up while Ibenye moved with crutches. Meanwhile, they had both spent three months in the Clinic. Ibenye left her crutches behind with the mindset that taking it home might attract another bone injury that would require its use³⁴

The above view ran contrary to the claim of some authors who presumed that financial constraints was the fundamental factor behind patients' greater preference for the TBS. Findings suggest that the fear of possible amputation, advice by family and friends and strong confidence in the efficacy of traditional healing method are among the salient reasons patients opt for TBS not just cheaper cost.



Figure 1



Figure 2



Fig 1: A patient admitted under the tree at a healing center due to lack of accommodation.

Fig2: A patient displaying an x-ray film of his fractured femur. (source: Researcher's field work)

Research findings also show that level of education and exposure are among the underlying factors for people's choice and assessment of the TBS *vis-à-vis* the orthopedists. C. Mbamara asserted that he would prefer orthodox treatment for any bone injury first of all because of the physiological phenomenon involved, which may include age of a patient, bleeding associated with the injury and extent of damage to the bone; also because of his level of exposure, knowledge and interactions. He believes that orthopedic doctors have greater control over excessive bleeding than the TBS. Based on these reasons, he will only opt for the TBS as a last resort.³⁵

A. Johnson in 2019 treated his son who sustained a fracture in a car accident at a modern hospital because he did not want the boy's hand disfigured by TBS. He didn't trust the efficacy and efficiency of the TBS. After seeing the failure of traditional bone setters in family and church members, he totally lost confidence in them. In his words,

*TBS disfigured people. They disfigured the leg of my senior brother. Three members of my church that visited them got their case complicated which were later corrected at a modern Orthopedic hospital...They work blindly without the x-ray or visual aids to know the condition of the bone; lacks deeper medical knowledge to handle certain issues when they arise; do not have the knowledge of surgery when the case requires surgery to be solved, but rely on blind attempts which may complicate the matter...*³⁶

Indeed, Onyemaechi *et al* submitted that the practice of bone setting is unregulated and lacks the basic scientific principles of fracture management as well as infection prevention and control.³⁷ This conflict of opinions is mirrored in the words of Aniago,

*There is serious debate on which of Western Orthodox Medicine or traditional medicine that manages bone fracture more efficiently...The variation of opinions as to which of African traditional medicine or the western Orthodox Medicine manages bone fracture more efficiently is a very good indication that something significant is taking place in the realm of African Traditional Medicine (ATM).*³⁸

Cost Implication of the TBS in Abakaliki Area

Some bone setters have been known to demand food items and live animals as consultation fee along with cash payment. The Nkwagu bone setter shared that his mother usually demanded four tubers of



yam and a cock as consultation fee and it had been a family tradition. But John only demanded cash payment. He demands at least N10,000 or more based on the gravity of the injury.³⁹ He views his career from the profitable angle and not the spiritual perspective like many others.

Irrespective of the economic status of a patient, Dr Ojiugwo who began his practice in 2012 demands only a flat payment of N2,000. Any extra charge was for the drugs and materials needed for treatment, such as bandages, pain killers and other clinical consumables. Patients were expected to feed themselves and provide every other personal need. For spinal cord injury, he charged N152,000. From that amount, he only retrieved his N2,000 while the rest went for drugs and other materials needed for the treatment. For fracture, he charged N82,000 and as usual, only N2,000 belongs to him.⁴⁰

Mr. Nkwegu Ugo doesn't charge any specific amount. He allows his patients to pay whatever they deem fit after treatment. He believes his gift was freely received and as such must be freely given. He calls the payments "appreciation" and not payment *per se*. For him, his bone setting career is not a profit venture, but a call to serve humanity. Charging a fee might annoy the spirits causing him to lose the gift and he didn't want that.⁴¹

The economic status of a patient was the major determinant of Ms. Enwo's charges. She believes her job is a means of helping the poor. As people from different financial status and backgrounds patronize her clinic, she charges the patients according to their financial capabilities. In other words, the rich pay higher than the poor. Some of her patients have actually received free treatment due to their low financial worth. But every patient must provide for himself all that is needed for his treatment. Instructively, there is no spirituality attached to her charges.⁴²



Challenges and Limitations

Tremendous successes attained by the TBS seem to undermine the various challenges that bedevil the vocation. But most TBS share similar challenges, chiefly accommodation for their numerous in-patients. At the Aboffia clinic, corridors, tree sheds and the balcony were used as make-shift wards for the patients when the main building is fully occupied. Besides, each patient had to provide his own mat, bucket, toiletries, mosquito net, drinking water, gas cooker, food, etc. Nothing was provided at the clinic except medical attention. This is to be expected in view of the cheap rate charged for treatment.

Figure 3 Figure 4



Fig 3: Researcher with a male patient admitted on the balcony

Fig 4: Researcher with a female patient admitted on the balcony

(Source: Researcher's fieldwork)

Patients' acceptance to stay under trees and on the balcony regardless of the weather, speaks highly of the consummate skills of the bone setter. Notably, all the patients staying under the trees were men, while the women, along with other men with more severe injuries were found either in rooms inside the building or on the



balcony.⁴³ The Nkwagu traditional healing center does not operate as a full-time clinic because accommodation was unavailable for in-patients. This makes everyone an out-patient and thus, limits the extent of injury managed by the TBS.⁴⁴

Some bone setters complained that they hate the vocation and had other plans before they were “called”. But they did it nonetheless because they have been chosen in the family. In a 2020 study in Orba, Udenu Local Government Area, Enugu State, Mary Ude lamented that her dream was to go to school and pursue a successful career. But at a tender age, she received dream revelations indicative of bone setting. Through dreams, she was shown how to set broken bones and she started practicing at that tender age and consequently, she was unable to go to school.⁴⁵ Similarly, Dr Nkwego Ugo supplied research information in vernacular.

A major challenge associated with the crude method of bone setting is known as gangrene. Nwadiaro defines this phenomenon as death of gross part of a body in continuity with living tissue. This issue arises from the use of mats made of wood splints tied together in the treatment of fractures. The splints tend to strangulate the blood vessels. Gangrene leads to death of tissues with or without microbial invasion. He further notes that “the use of rigid tight splintage without the appreciation of the anatomy and physiology of blood flow make gangrene an ever present danger in their practice.”⁴⁶ Interestingly, no case of splintage was sighted in the clinics visited during fieldwork. Only bandages were used in treating the patients. Regardless of the Abakaliki bone setters silence on that issue, one may deduce that wherever splintage is applied, gangrene is to be expected.

Collaboration Between Bone Setters and Orthopedic Doctors

The legendary capability of the traditional bone setters is no longer in doubt. Furthermore, it is a practice borne out of African culture



and thus can never be wished away by orthopedic doctors who have seen the TBS succeeding in several cases where they had failed. Irrespective of the strained relationship between the orthopedic doctors and TBS, each could hardly do without the other. They are therefore interconnected and interdependent. In keeping with this perception, Tsegaye and Pharm suggested that if both orthopedic treatment and traditional bone setting could collaborate, the society will be better served.⁴⁷ Bone setters in the Abakaliki area often rely on modern health facilities to obtain x-ray photos of injuries to ease diagnosis and treatment, also to monitor healing progress and to detect complications after treatment. Further, TBS sometimes rely on pharmacies to acquire drugs such as antibiotics, calcium, analgesics and sleeping pills which form an integral part of overall treatment of injured bones.⁴⁸

Dr Ojiugwo never worked with orthopedic doctors in his clinic, but he employed a combination of modern and traditional means in treating his patients. He orders the needed injections from Ghana and all are English drugs. He also makes use of filing machines which comes in handy for shaping and aligning bones perfectly and they were ordered from China. He doesn't work with any herbal drugs and doesn't perform an x-ray but may recommend it for a patient.⁴⁹ This can be seen in figure 2 where a patient, Ejike Nwovu displayed his x-ray film showing a fractured femur. Nkwegu Ugo of the Convent Obelechi healing center invites a certain Dr. Ezeogo who worked at FETHA 2 whenever there is need for English drugs and injections in the course of treatment. Being an illiterate, he could hardly do without the services of orthopedists.⁵⁰

Conclusion

The rising intellectual interest in the traditional bone setting practice calls for an improvement in the career. But the needed improvement is clearly evident in the centers investigated as indicated in the employment of modern means and drugs in bone treatment. Crude method of treatment is gradually giving way to modern and more



acceptable treatment while retaining the traditional outlook of the TBS. The aforementioned collaboration between TBS and orthopedic treatment was observed during fieldwork where patients who were almost completely healed moved around with crutches, while others were seen with a bandaged arm hung on a sling. Tablets and injections which serve as painkillers and antibiotics were seen in the case of Ojiugwo. Moreover, a certain Dr Simon Nwafor who operated a prominent bone clinic in Ikwo Local Government Area was said to have employed the services of skilled nurses and doctors in his clinic, thus curbing the need to seek their help when necessary.⁵¹ Against this backdrop, it is evident that education is inconsequential in the bone setting practice. Only the skills, capability and general acceptance of the bone setter is considered by the Abakaliki people. Since these are no longer in doubt, a bone setting section of the Orthopedic Clinics in Abakaliki modern hospitals has become necessary so as to avail the people of a free choice of the treatment mode that works best for them. This will also ensure close monitoring of the hygienic standards of the bone setters. Additionally, basic education is necessary for the TBS for easy communication with clients and with their orthopedic counterparts. With the growing popularity of the practice in the Abakaliki area and Nigeria at large, perhaps an academic study of the practice might find its way into the education curriculum of modern medical practice.

End Notes

1. Adedamola D., Wahab Y. and Suleiman O. G. "Review of the Practice of Traditional Bone Setting in Nigeria," *African Health Sciences*, available at www.researchgate.net. Accessed on 24/11/2022, 264.



2. Sina, O.J., Taiwo O. C. and Ayodele I. M., “Traditional Bone Setters and Fracture Care in Nigeria,”*Merit Research Journals*, available at www.meritresearchjournals.org. 74-79.
3. Raphael K. Ngwu, “Traditional Bone-Setting Practice in Orba up till 1970”, B. A. Project submitted to the Department of History and Strategic Studies, Alex Ekwueme Federal University, Ndufu-Alike, Ikwo, Ebonyi State, Nigeria (unpublished), 2022, 1-3.
4. Onyemaechi, N. O., Itanyi, I. U., Ossai, P. O. and Ezeanolue, E. E., “Can Traditional Bone Setters Become Trained Technicians? Feasibility Study Among A Cohort of Nigerian Traditional Bone setters,” *Human resources for Health*, 18:4 available at <https://doi.org/10.1186/s11332-020-00118-6>, 1-8
5. John Mbam, Bone setter, 51 years, interviewed at his clinic at Nkwagu on 2 January, 2023.
6. Mrs Celina Ofoke, trader, 48 years, interviewed at her residence in Abakaliki, 2 January, 2023.
7. Chinedu Omeh, Evangelist, 66 years, interviewed at Hausa Quarters, Abakaliki, 2 January, 2023.
8. Mrs Nkwegu Ugo, farmer, 60 years, interviewed at the Convent Obelechi Healing Center.
9. Mr Benjamin Amasiaku, Businessman, 65 years, interviewed at his residence in Abakaliki.
10. Juma, S. and Kuria, E. M. “A Study On Fracture Management By Traditional Bone-Setters And Its Effects To Clients In Lungalunga Constituency, Kwale County in Kenya,” North Coast Medical Training College, 2020, 7-9.
11. Nnabuike, C., Business Woman, 44 years, interviewed at Nkwagu on 2 December 2022.



12. Ojiugwo, Kelechi, Bone Setter, 39 years, interviewed at the Aboffia Healing Center on 4 December 2022
13. Ms Chidera Enwo, Bone Setter, 29 years, interviewed virtually at Enugu Ngwo, 6 January, 2023.
14. Ojiugwo, Kelechi., interview cited.
15. Ossai, E.N., Ofojebe O. L., Ede, D. O., Diala, L. P., and Ogbonnaya, L. U., “Willingness To Patronize Traditional Bone Setters Among Patients Attending General Out- Patients Department Of Federal Teaching Hospital, Abakaliki, Nigeria,” *Austin Orthopedics*, 3(2), 2018, 1-2. Available at www.austinpublishinggroup.com accessed on 24 November 2022
16. Ifeanyi Nwogha. Security Man, 39 years, interviewed at FETHA 2, on 3 December 2022.
17. Ruhinda, S. K., “Reasons for Patronage of Traditional Bone Setting as an Alternative to Orthodox Fracture Treatment, A Case of Muleba District, Kagera Tanzania,” *Huria Journal* 27(1), 2020, 29-39, available at www.ajol.info accessed on 5/12/22.
18. Ofodile, O. Business Man, 60 years, interviewed at Nkwagu on 3 December 2022.
19. Juma, S. and Kuria, E. M.
20. Nkwegu U. Bone setter, 61 years, interviewed at the Convent Obelechi Healing Center on 9 December 2022.
21. Okoro P. Bone setter, 53 years, interviewed at Abakaliki town on 8 December 2022.
22. Ifeyinwa Amasiaku, Civil Servant, 54 years, interviewed virtually, 6 January, 2023.



23. Ifeoma Nwofe. patient, 30 years, interviewed at the Convent Obelechi Healing Center, Abakaliki, Ebonyi State on 9 December 2022.
24. ChigozieUdeoji, Lecturer, 32 years, interviewed at Hausa Quarters, Abakaliki, on 2 December 2022.
25. Ruhinda, S. K., 29-39.
26. Ojiugwo, K, interview cited.
27. Nkwegu, Ugo, interview cited.
28. MsChideraEnwo, interview cited.
29. Uchechukwu Ani, c.49, lecturer, interviewed at Ikwo, Ebonyi State on 2 December 2020.
30. Igwe, U. patient, 35 years, interviewed at the Ojiugwo traditional Healing Center, Aboffia, Ebonyi State on 7 December 2022.
31. Ruhinda, 29-39.
32. Aniago, M. A., “African Traditional Medicine And The Problem Of Documentation,” *American-Eurasian Journal Of Agriculture And Environmental Science.*, 15(9), 2015, 1876-1880. Available at <https://www.unn.edu.ng/profiles/aniagomagnus> accessed on 11 December 2022.
33. Igweaja, E., patient, 28 years, interviewed at the Ojiugwo traditional Healing Center, Aboffia, Ebonyi State on 7 December 2022.
34. Ibenye, Onyinyechi., patient, 26 years, interviewed at the Ojiugwo traditional Healing Center, Aboffia, Ebonyi State on 7 December 2022.
35. Mbamara, Cosmas, interview cited.
36. Akudike, Johnson., Lecturer, 43 years, interviewed at Abakaliki, Ebonyi State.



37. Onyemaechi, N. O., Itanyi, I. U., Ossai, P. O. and Ezeanolue, E. E.
38. Aniago, M. A., 1876.
39. Mbam John. Bone Setter, 47 years, interviewed at the Nkwagu Healing Center, on 27 November 2022.
40. Ojiugwo, K, interview cited.
41. Ms Chidera Enwo, interview cited.
42. Nkwegu, U, interview cited.
43. Uguru, C., patient, 34 years, interviewed at the Convent Obelechi Healing Center, Abakaliki, Ebonyi State on 9 December 2022.
44. Mbam J. Bone Setter, interview cited.
45. Ngwu, R. K., “Traditional Bone Setting in OrbaUptill 1970,” 4, unpublished, 2.
46. Nwadiaro, H. C., “Bone Setters Gangrene,” *Nigerian Journal of Medicine*, 16(1), 2007. Available at <https://eujournal.org/index.php/isj/article/view/4896> accessed on 5 December 2022.
47. Tsegaye, G. M. and Pharm, B. “Attitudes Of Modern And Traditional Practitioners Towards Integration Of The Two Practices,” *Ethiopia Journal of Health Science*, 9(1), 1999, 17-18.
48. Ojiugwo, K, interview cited.
49. Ojiugwo, K, interview cited.
50. Nkwegu, U, interview cited.
51. Emmanuel Nnabuike, c.49, Pastor, interviewed at Nkwagu on 2 December 2022.

