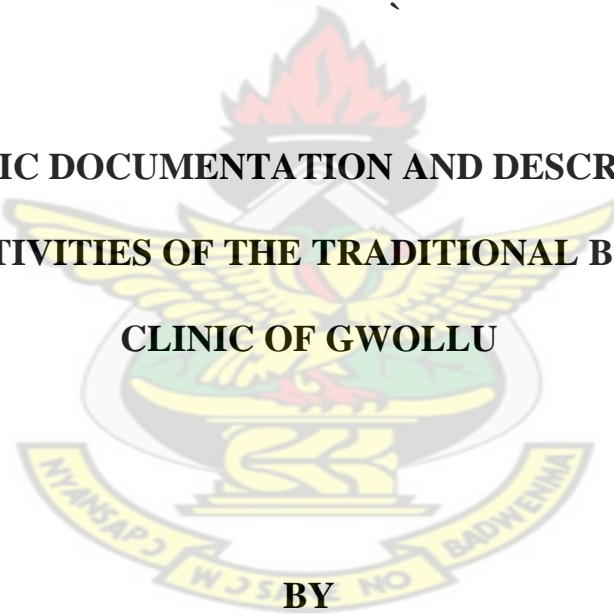


**KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY,  
KUMASI, DEPARTMENT OF GENERAL ART STUDIES, COLLEGE OF  
ART AND SOCIAL SCIENCES**



**`PHOTOGRAPHIC DOCUMENTATION AND DESCRIPTION OF THE  
ARTS AND ACTIVITIES OF THE TRADITIONAL BONE SETTERS'  
CLINIC OF GWOLLU**



**BY**

**BUKARI DARIMANI**

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**BA (HONS) PUBLISHING STUDIES**

**A THESIS SUBMITTED TO THE DEPARTMENT OF GENERAL ART  
STUDIES KWAME NKRUMAH UNIVERSITY OF SCIENCE AND  
TECHNOLOGY IN PARTIAL FULFILMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF MASTER OF PHILOSOPHY, AFRICAN ART  
AND CULTURE. FACULTY OF FINE ART, COLLEGE OF ART AND  
SOCIAL SCIENCES**

**JULY, 2007**

## DECLARATION

I hereby declare that except for references to other people's works to which due acknowledgement has been given, this work is original and no part of it has been presented for another degree in this University or elsewhere. I accept responsibility for errors of omission or commission in the course of the research and the subsequent write up.

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KNUST

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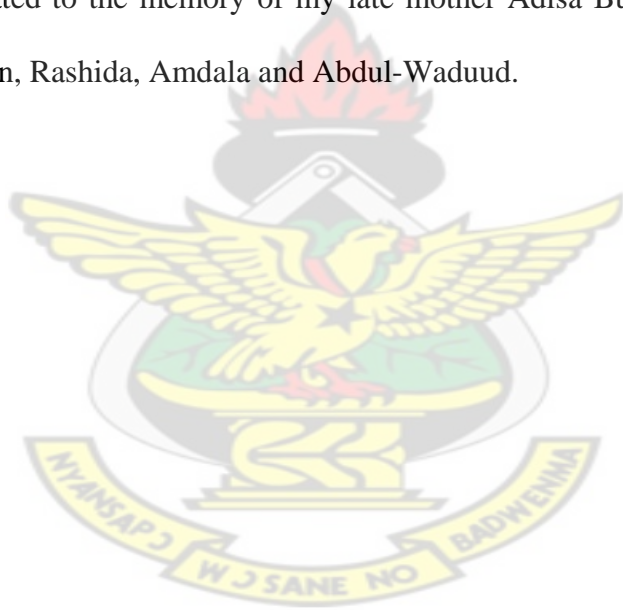
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## **DEDICATION**

# KNUST

This work is dedicated to the memory of my late mother Adisa Bukari, wife, Rose Dramani (Fauzia) and children, Rashida, Amdala and Abdul-Waduud.



## ACKNOWLEDGEMENT

This research work has come about as a result of my quest for a higher academic qualification. In the process many people have, directly or indirectly, contributed to the production of this thesis. There are many people who have assisted with information and comments to make this work a reality. To list them all would be impossible and therefore a few would be mentioned. My sincere and heartfelt thanks go to Dr. Opamshen Osei Agyemang (Supervisor) for his ingenious, splendid and unrelentless guidance and constructive suggestions that led to the successful completion of the work. I also want to thank Dr. B.K Dogbe for his assistance during this thesis writing and Mr Duut George Nangpaak of Bolgatanga Polytechnic for doing the illustrations of the traditional art forms.

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Finally, I give all the glory to Almighty Allah for His mercies and the good health I enjoyed through the programme.

B. Darimani

July, 2007

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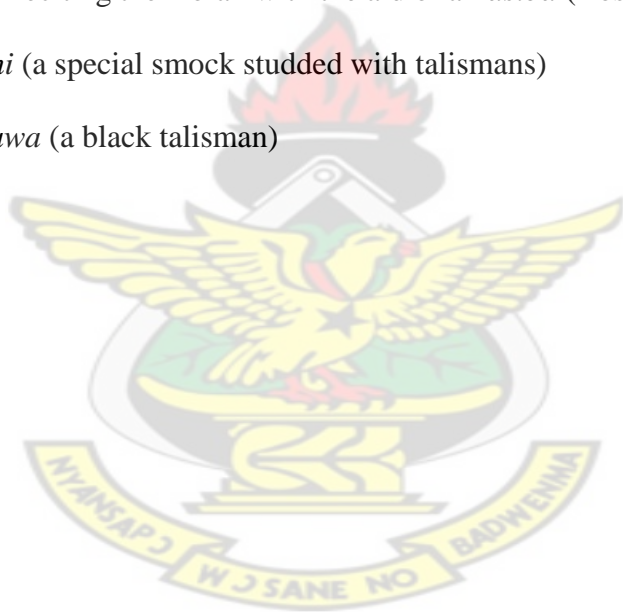
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## ABBREVIATIONS

CAM	:	Complementary Alternative Medicine
CWSP	:	Community Water and Sanitation Project
FIG(s)	:	Figure(s)
FORIG	:	Forestry Research Institute of Ghana
GBS	:	Gwollu Bone Setters
GTBS	:	Gwollu Traditional Bone Setters
GV	:	Gentian Violet
KMA	:	Kumasi Metropolitan Assembly
KNUST	:	Kwame Nkrumah University of Science and Technology
MOH	:	Ministry of Health
NGO	:	Non-Governmental Organisation
POP	:	Plaster of Paris
RTA	:	Road Traffic Accident
TBS	:	Traditional Bone Setter
TM	:	Traditional Medicine
WHO	:	World Health Organisation

## DEFINATION OF TERMS

There are certain words which have been used to achieve the desired meaning in the write-up such words are the Sissala local Ghanaian language. The words and their meanings are:-

*Luki* – Sissala Traditional Healing Centre

*Lusincholi* – a traditional ladder carved from wood

*Nuu* – oil from sheanut trees

*Pipahoka* – shrub used to treat fractures

*Chiku* – a temporary rest place for fowls

*Gyitu* – a building for fowls

*Gbanna* – a traditional calabash

*Sangai* – a local mat

*Vii* – a traditional pot

Sissala chemi – a musical instrument of the Sissala (harp)

*Kampoye* – a *Strychnos spinosa* tree

*Kantomma* – a spiritual dwarf

*Kantommadia* – a temporary abode of dwarfs

*Chemidura* – a specialist who plays a harp

*Kyina duru* - an equivalent of maracas player

*Kyoweto* – a mixture of sheabutter and herbs

*Saraka* – alms giving

*Isabi* – secret writings of linked to external forces

*Mayazurina* – name of a spirit

*Sawa* – talisman

In *ari/ingari* – blackberry tree

*Rubutu* – washed Islamic writings drank as protection

*Longbanyi* – gourd filled with liquid potion

*Puri* – skin of an animal constructed into a leather bag

*Nyukokaa* – skull of a goat

Medicine – equivalent of *aduro* in Twi

*Tasiba/Tasibi* – a rosary of the Islamic religion

*Tintalipa* – the traditional pant of the Sissalas

*Totoka* – medicinal trees used for healing (*Fiscus capencisis*)

*Tortena* – the village owner of chief priest

*Tor* - motor and pestle

*Tituowala*-a section of Gwollu

*Datikii/Daduka* – traditional crutch

*Dawua* – a hearth

*Dawadawa* – *Parkia clappertoniana*

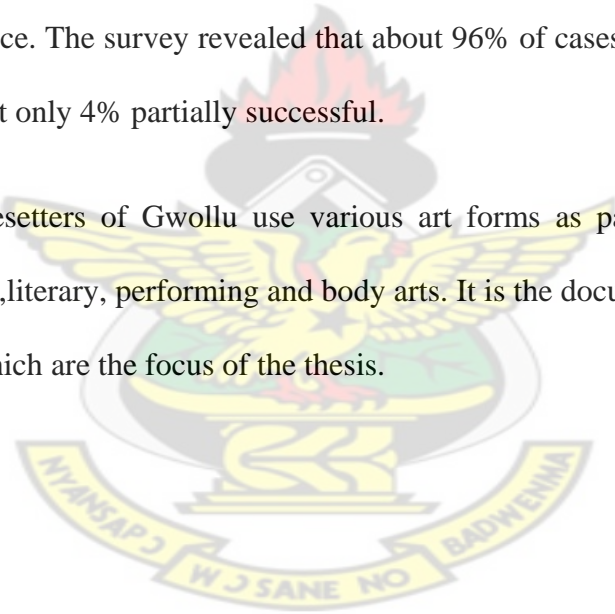
*Zuonkuon*-a mixture of pounded millet and water

## ABSTRACT

Traditional bonesetting is an age old practice found almost in all communities of the world. The tradition has been practised in Gwollu and its surrounding areas for a long time and there is a high degree of confidence in the traditional bonesetters. The Arts and Activities of this unique traditional institution however, are not well documented in any form for posterity.

A photographic documentation of the Arts and Activities of bonesetting in Gwollu was carried out using a still camera. Interviews and observations were also used to elicit information from the practitioners and the people who had received treatment at the centre to ascertain the efficacy of the practice. The survey revealed that about 96% of cases treated at the centre were successful with about only 4% partially successful.

The traditional bonesetters of Gwollu use various art forms as part of the practice. These include visual, verbal, literary, performing and body arts. It is the documentation and description of these art forms which are the focus of the thesis.



## CHAPTER ONE

### 1.0 INTRODUCTION

*To be civilized and complete we must accept scientific enlightenment and our traditional heritage, each in its proper place. Neglect of either is disastrous. Science without tradition can produce technicians but not cultured men; tradition without science can breed learned but not rational men (Gordon, 1968).*

### 1.1 Background

The high cost of Western medical care puts more health care services out of the reach of large percentage of Ghanaians and other African populations especially those living in rural areas. Instead they rely more on traditional medicine and medicinal plants to meet their health care needs. In Sub-Saharan Africa for instance more than 80% of the population relies on medicinal plants and traditional medicine as their primary source of health care (Bannerman, 1993).

Traditional medicine thus refers to health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illness or well-being. It relies exclusively on practical experience and observations handed down from generation to generation whether verbally or in writing.

Traditional Bonesetting which is an aspect of traditional medicine is as old as the existence of man and is practised in almost all societies of the Africa (including Ghana) where there is a high degree of confidence in the bonesetters' art.



A traditional bonesetter takes care of sprains, dislocations, simple to complex fractures. He often manipulates the bones and applies splints to the area around the fracture or wound and applies medicines by blowing, incantations to the affected area.

He performs a series of ceremonies and incantations through calling on spiritual essence of the patient and connects with his spirit guides for assistance. Sometimes the healer may include specific actions in order to alleviate the underlying cause of the ailment. He knows the skills of reduction and immobilisation and also uses locally available plant material.

Although bonesetting is associated with pain and joint stiffness, people still prefer this method of treating fractures (Onuminya et. al. 1999).

The continuous use of traditional bonesetters by Africans is based on the belief that it is cheaper, more available and results in faster healing than orthodox measures (Thanni, 2000). In Nigeria, as pertained to other developing countries, between 70-85% of the population patronize traditional medicine practitioners (Olurum et. al. 2001).

President Olusegun Obasanjo once declared that “No less than 70% of the Nigerian population patronise traditional medicine practitioners (Nasarawa State Weekly Newsworld, Wednesday August 11, 2004).

One of the earliest records of the use of herbal medicine talks of chaulmoogra oil obtained from species of *Hydnocarpus*, which was known to be effective in the treatment of leprosy. Such a use was recorded in the pharmacopoeia of the Emperor Sheng Nung of China between 2730 and 3000 BC (Gousell-William & Simon, 2006).

According to medical history, Hippocrates was the first Greek to regard medicine as a science and he is now regarded as the father of medicine. Born in 460 BC on the island of Kos off the coast of Asia Minor, he was a distinguished physician who traveled regularly into foreign countries practising and researching into medicine. His research consisted essentially of herbal recipes, some 400 simple remedies having been compiled and described by him.

In the middle ages the writings of Galen (born in Pergamos in Asia Minor about AD 131) became popular. He treated diseases essentially by the use of herbs, and those who followed his methods eventually developed the sect known as “Eclectics” who employed herbal as well as mineral substances in treating the sick.

Pliny the elder (born in Verona AD 231) was one of the first Roman naturalists. The early Christians had little use for medicinal cures as they believed mainly in the healing power of the Holy Church. St. Basil of Caesaria founded one of the earliest Christian Hospitals in AD 372 but even he denied that illness and disease were of natural origin.

The use of many medicinal plants in the 14<sup>th</sup> century in Europe was based on the doctrine developed by Paracelsus (1490-1541), a Swiss physician. According to this doctrine the herbs have features made by God identifying the plant with a specific disease or part of the body. For example, plants with heart-shaped leaves were good for treating heart diseases; those with liver-shaped parts were prescribed for bilious disease, and plants exuding a milky juice were believed to increase lactation in women.

Many forms of traditional medicine exist. These include Folk medicine, ritual rites,

Traditional Midwifery and Bone setting.

The WHO strategy for traditional medicine for the period 2002-2005 had been in preparation for more than three years. The objective of the strategy was to discuss the role of traditional medicine in health care systems. The strategy had four main objectives.

In view of the importance of traditional medicine in the general health care delivery system, the plan was to incorporate traditional medicine in national health care delivery programmes.

The objective of the strategic plan was:-

- To integrate relevant aspects of traditional medicine within national health care systems by framing national traditional medicine policies and implementing programmes.
- To promote the safety, efficacy and quality of traditional medical practices by providing guidance on regulatory quality assurance standards
- To increase access to, and affordability of medicine (WHO, 2002).
- To promote rational use of traditional medicine.

According to WHO fact sheet no. 271, June 2002, up to 80% of the people in developing and poor countries use traditional or complementary/ alternative medicine (TM/CAM) as part of primary health care. Traditional medicine has been fully integrated into the health care systems of many Asian countries including China, North and South Korea and Vietnam.

In Western Europe, a growing number of the patients rely on alternative medicine for preventive health care. In France, 75% of the population has used complementary medicine at least once. In Germany, 77% of pain clinics provide acupuncture. The global market for

traditional therapies stands at US\$60 billion a year and is steadily growing (Enwonwu, 2003). About 25% of modern medicines are descended from plants first used as traditional medicine.

As of 2000, only 25 countries were reported of having a national policy for traditional medicine, even though regulation or registration procedures for herbal products exist in nearly 70 countries. Many consumers use traditional medicine as self-care because there is a wide misconception that “natural” means “safe”. They may be unaware of potential side-effects, and how and when herbal medicines can be taken safely.

Although traditional medicine has long been used, there is little evidence regarding its safety and efficacy. The evolution of traditional medicine has been influenced by cultural and historical conditions, making systematic evaluation difficult, since factors such as the philosophy and theories, which underlie its use, must be taken into account.

Traditional medicine is easily available and affordable in low-income countries. Two main obstacles hamper the rational use of traditional medicine: lack of appropriate training for the providers and of proper qualification and licensing schemes, which make it difficult for national authorities and consumers to identify qualified providers.

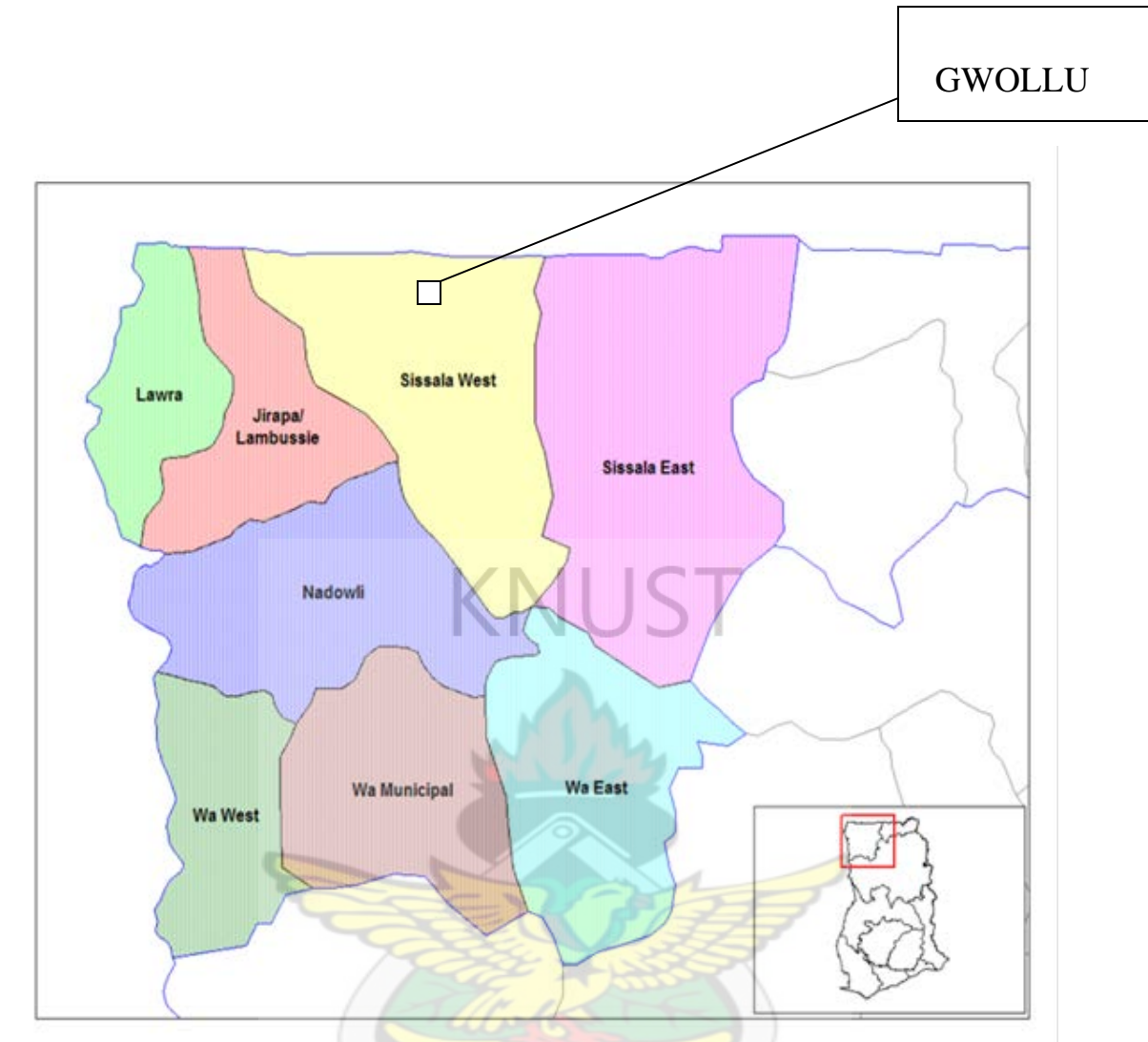
The government of Ghana and the Ministry of Health [MOH] are interested in traditional healing as a complement to orthodox medical treatment. This is shown by the formation of and recognition of the Ghana Traditional Healers Associations. The use of both traditional and orthodox medicines is to meet the health needs of Ghanaians. One of such traditional

health care systems is the Bonesetters clinic in Gwollu in the Sissala West District of the Upper West Region. The centre has gained a lot of popularity across the country. In 1998, the African Heritage Series visited the centre to find out more about the clinic and the possibility of Government upgrading the place into a modern clinic. Fractures and other forms of trauma cases are among the commonest conditions presented in our hospitals daily. This is due to the increase in road traffic accidents [RTA] cases in the country or falls from trees. Most of these cases are presented as emergencies that merit quick and proper attention. Fractures are of great economic importance because if not well treated, the end result could lead to disability and hence loss of manpower and increase in dependency ratio. Bonesetters are those persons who, “[move] bones as a form of medical treatment (Huber and Anderson, 1996). Such moving of bones may be limited to dislocation reduction, or may also include fracture reduction. Persons who do this usually also perform massage, although not all persons who practice massage move bones therapeutically.

## **1.2 Profile of the study area**

### **1.2.1 Geographical background**

The study area is located in the Sissala West District. The Sissala West District is one of the newly created districts in the Upper West Region (Fig. 1.1). The District is located in the North Eastern part of Ghana. It lies approximately between Longitude 2°13’ to 2°36’ and Latitude 10:00N 11:00N. It shares Boundaries with the Jirapa Lambussie District to the West, Sissala East District to the East and Burkina Faso to the North and Wa East District to the South. It covers a total Land area of 4,11289km, which is about 25% of the total Landmass of the Upper West Region.



**Fig. 1.1: Map of Upper West Region showing the Sissala West District**

**Source:** [www.ghanaweb.com](http://www.ghanaweb.com), 2007

### **1.2.2 Climate and vegetation**

The district lies within the Savannah Vegetative belt. The vegetation consists of tall grasses with scattered fire resistant trees such as the shea-nut trees (*Butyrospermum padoxum*) the baobab and *Parkia claptortonia* (*dawa dawa*) trees. The trees provide for most domestic as well as commercial requirements of the people such as fuel wood, charcoal, poles for the construction of houses, cattle kraals and fencing of gardens.



The vegetation has faced serious abuses over the years as a result of human activities such as bush fires, overgrazing of cattle, charcoal burning and intensive cotton farming. The monthly mean temperature ranges between 23°C and 32°C. Temperatures are generally high, with March to May being the warmest where temperatures can go up to 40° C. The harmattan season usually starts in November and ends in March. During this period temperatures can drop to as low as 12°C with January being the coolest month .The rainy season usually starts between April and May and ends in the middle of October. The total annual rainfall is between 635mm and 890mm.

### **1.2.3 Demography**

The total population of the district is estimate at 44,440 with an average growth rate of 1.7% as against 2.7% of the national average population (Ghana Population and Housing Report, 2000).

The population of the District is dominated by the economically active population group (20-59 age group). The age dependency ratio of the district is about 1.3. The sex composition of the population shows that 49.2% are males and 50.8% females.

The population is dominated by the labour force (15 to 64 years) and a small proportion f the elderly persons (above 64). The proportion of the population below 15 is about 44.7% while that of the elderly represents about 6.3%. On the other hand, the proportion of the labour force (between 15 and 64 years) stands at 49% of the total population. This pegs the age dependency ratio of the district at 1: 96.

Previous slave raiding and river blindness (onchocerciasis) are believed to be part of the

reasons for the low population of the district. Emigration from the district is still very high with about a third of the entire Sissala ethnic group living in Ashanti and Brong-Ahafo Regions.

The Sissala West District has forty-three communities. The bonesetter's Clinic is situated in Gwollu the capital of the newly created Sissala West District. It is situated in the northern part of the district close to Burkina Faso.

#### **1.2.4 Social infrastructure**

Statistical figures of literacy rate of the district are not available but literacy rate tends to be lower than the national average rate of 75%. Currently, there are only 15 Primary and 15 Junior Secondary Schools in the district. The level of school enrolment among the youth is now improving but the levels of school dropouts especially among girls is still very high.

The district can boast of only one District Hospital at Gwollu, three health centres at Zini, Jeffisi and Fielmua. At the time of doing this study, there was no Doctor in the District. Also there is a lack of adequately trained staff and equipment. Serious medical cases are referred to Wa, the regional capital. There is also one traditional bone setters' clinic at Gwollu and quite a number of TBAs both trained and untrained within the District. A number of chemical sellers can also be found in the District. More than 80% of the population has more than 30 minutes of travelling distance to the nearest health centre in the district.

The major health problems are the same as those in the rest of the region, with a high level of communicable and preventable diseases. The five most reported diseases are malaria, diarrhoea, upper respiratory tract infections, gynaecological disorders and skin diseases. Only



Gwollu and a few surrounding towns have access to pipe borne water. The other areas are served with wells and bore holes provided by the World Vision International, Plan Ghana and the Community Water and Sanitation Programme (CWSP).

#### **1.2.5 Socio-cultural practices of the people**

Most Sissala people live in large extended family systems with a family head (*Diatena*) who is often the oldest male in the family. Respect for the elderly is very important among the Sissala people and every child is brought up to respect the elders. They believe that the child belongs to the whole community and not just the parents alone. Bringing up a child is therefore understood by everyone to be a communal responsibility. Whatever happens to any one in the community is the concern of all. As such, people show concern by showing sympathy for a bereaved family in the course of death or mishap such as a person admitted to the bone setting clinic with a fracture and is under going treatment.

Cultural togetherness of the people is projected through the arts, especially music and drama. There is a strong admiration for the weaving of the smock which is common to all ethnic groups in the Upper West Region. Drumming and dancing are performed during the celebration of all festivals.

Traditionally, political authority rests in the hands of the *Tortena* (*village owner*) and does not extend beyond the village. As the custodian of the village shrine, he is responsible for settling intra-village disputes through certain rituals. Today, this village owner's position still exists but provides leadership in conjunction with the local chief (*Kuoru*) or the district paramount chief. The village owners are answerable to the *Kuoru*. Politically the District Chief Executive, Mr. Ismail Mada is administering the Sissala West District on behalf of the

government. He is being helped by the staff of the Assembly and the Assemblymen.

### **1.3 Problem statement**

The Gwollu traditional bonesetters play a significant role by handling a significant number of fracture cases for patients from the various parts of Ghana and its neighbouring West African Countries. Unfortunately very little is written or documented about this healing centre. Because of this, many people have the fear that with the threat of environmental degradation leading to plant extinction, coupled with ageing traditional medical practitioners, non-documentation of the activities of these traditional practitioners may lead to the loss of vital information to future generations. The challenge therefore is to research and document the Arts and activities of the healing centre for the benefit of all Africans and indeed the entire mankind.

### **1.4 Objectives**

The main objective of the study is to describe the Arts and Activities of the traditional bone-setting centre of Gwollu.

The specific objectives are:

- (i) To photo-document the Arts and the Activities of the bonesetters' centre at Gwollu
- (ii) To describe the activities of the Traditional Bone setting Clinic at Gwollu
- (iii) To determine the success rate of the treatment
- (iv) To assess people's perception of the Gwollu Bonesetting Clinic
- (v) To find out whether there are some problems associated with the centre and to make appropriate recommendations.

## **1.5 Hypothesis:**

Documenting the Arts and Activities of the centre will expose it to the world

## **1.6 Methodology**

Structured interviews were conducted with:-

- (i) Bonesetters using a purposive sampling method
- (ii) Some patients receiving treatment at the Clinic at the time of the visit were randomly selected and interviewed.
- (iii) Ex-patients of the clinic who were around were also randomly selected and interviewed.

## **1.6 Research design**

The researcher used qualitative research method

### **1.6.1 Source of data**

This was a descriptive study of a cross sectional design at Gwollu in the Sissala West District, and the study investigates the Arts and Activities of the traditional bone setting clinic.

Both primary and secondary data were used for the study. A review of literature on TBS in Ghana was undertaken from a variety of sources including the Internet, relevant books, newspapers and journals. These served as secondary sources of information for the study.

Primary data was gathered through an interview with the TBS and a few patients were also interviewed and supplemented by observational visits to two selected traditional bonesetters at the KNUST campus in Kumasi in the Ashanti Region and Techiman in the Brong Ahafo Region.

### **1.6.2 Sampling method**

On the researcher's arrival at the clinic the elder in charge introduced me to the patients on admission. He took me through the origin and history of the clinic. The researcher was then taken round the old structures, which house the patients of the clinic, and also to the new premises. The subsequent days were spent on observing and taking photographs on the activities and how various fractures and dislocations were treated. The researcher observed how the various arts were used in the clinic. Subsequently questionnaires were administered to the literates from Gwollu and its surrounding areas and who had received treatment at the clinic.

The semi-structured interviews were in the form of focused group discussions and the results were put into writing. On the first day the researcher was taken through the history and origin of the centre by Mr. Issifu Abudu the elder in charge. The observational studies were done on many visits during treatment schedules where various fracture/dislocation treatment methods were seen and noted down. Questions were also asked during the procedures to determine the knowledge base of the bonesetters. Interviews were also conducted on people whom the centre had treated. Some patients undergoing treatment were also interviewed. Some art objects used in the Clinic were shown to the researcher and demonstrated for him to have a gist of how they are used. Photographs were taken using a still camera. On the spot sketches of some art objects were also made. Lastly data was also collected from the records of the bonesetters. The records that were considered covered the period from 2002 to 2006.

### **1.6.3 Data presentation**

The data gathered from the interviews was analysed using narrative methods. Simple

diagrams, such as histograms, pie charts and percentage calculations were employed as presentation tools to present results and findings.

## **1.7 Justification**

### **Justification of the Study**

It is believed that fractures of all kinds are best cured by traditional means (Tijssen 1982). Among the Sissala people, as in most societies in Ghana people rely on traditional medicine for treatment which in most cases have proved to be potent and cost effective.

In spite of its significant contribution to the primary health care delivery to the society, the Arts and Activities of the Gwollu Traditional Bonesetters have not been documented in any form. They only exist in oral form and are shrouded in secrecy. So far to the researcher, no known investigative work has previously been carried out to document the activities of the centre. Even if there is a document on the Traditional bonesetters of Gwollu, it is not on the arts and activities. Because of this the researcher intends using photographs to document the Arts and Activities of the Gwollu Bonesetters for future use, which will benefit the nation immensely.

The documentation would attempt to bridge the knowledge gap between the TBS and the outside world, which could engender future research on the activities of the centre and other similar centres in the country.

For example, the Department of Herbal Medicine at the Kwame Nkrumah University of Science and Technology (KNUST), the Mampong Centre for Research into Plant Medicine and the Ministry of Health will benefit from this study since it will prompt them to research

into the chemical composition of the herbs used at the centre.

The Ministry of Tourism and Diasporan Affairs could adopt the centre as a tourist attraction where people could witness the practice of that kind of traditional medicine. The importance of this research cannot be over emphasized in view of the limited number of Bone Doctors (Orthopedic) in the country.

Since the arts of the Centre support the centre's traditional medical practices the arts must be preserved for the advancement of the people's culture.

### **1.8 Delimitations**

The researcher limited the research to the Gwollu area and since the researcher is from that area the TBS divulged some of the secrets to him. However references were made to other centres of the world.

Inadequate literature on T.B.S made the literature review of this thesis very difficult since not much has been written on such practices in Ghana, more specially on the district under consideration.

Also lack of financial resources to visit the remotest part of the district to conduct interviews made the research somehow incomplete. Also the attitude of the TBS to restrict certain information they consider as secret made the research a difficult one.

The interviews were scheduled to conform to the time when most of the interviewees returned from their farms.

The areas covered by this research are the arts and activities of the Gwollu Traditional Bone

Healing Clinic. The arts covered are:

- Visual Arts
- Verbal Arts
- Performing Arts
- Literary Arts
- Body Arts

### **1.9 Organisation of the study**

The report has been organised into five chapters. The first chapter covers the introduction, a brief description of the study area, the problem statement, the objectives and the methodology used for the study.

The second chapter is devoted to the review of literature pertaining to traditional medical practices especially those pertaining to traditional bone setting and its significance to socio-economic development of developing countries.

Chapter three covers the Arts and practices of Gwollu traditional bone setting while chapter four covers the analysis of data at the centre and a discussion on the findings. The last chapter covers the summary, recommendation and a conclusion of the study.



## **CHAPTER TWO**

### **2.0 LITERATURE REVIEW**

#### **2.1 Traditional Medical Practice in Africa: History, Perceptions, Arts and Practices**

This chapter tries to review literature on the role of traditional medicine in the health care delivery systems of many developed and developing countries. It specifically deals with traditional bone setting as a traditional medical practice in Ghana and other parts of Africa. It captures information on the arts and practices of traditional bone setting and its effects on the socio-economic development of the African. It touches on various success stories of the tradition of bone setting and types of medications used for the treatment. Lastly the chapter investigates the art forms associated with traditional bone setting in Ghana.

Traditional medicine has been practised in Africa since time immemorial as part of its healthcare delivery system. According to the World Health Organisation, the definition of traditional medicine may be summarised as “the sum total of all the knowledge and practices used in the diagnosis, prevention and elimination of physical, mental or socio-imbalances that rely exclusively on practical experience and observations handed down from generation to generations, whether verbally or in writing”.

In Africa traditional medicine plays an important role in the health care delivery system due to the difficulty in accessing modern health care systems in most developing countries. Traditional medicine has been relied upon as an alternative means of achieving primary health care for the majority of the people.

Most African countries are endowed with vast resources of medicinal plants that could be



tapped for the health care of the people. Countries in Africa, Asia and Latin America used traditional medicine to help meet some of the primary health care needs of their people. In Africa, up to 80% of the population uses traditional medicine for primary health care (Elujoba et. al. 2005).

## **2.2 The practice of bone setting**

Traditional medical practices involve a whole lot of specialists. Among these are traditional birth attendants, bone setters and herbalists.

Bone setting is a specialised section of traditional medicine, which has been practised since time immemorial. The origin of bone setting treatment and replacement of joints is lost in the mist of antiquity. Trying to trace the origin of joint manipulation and massaging would probably be quite impossible, for both have undoubtedly existed in one form or another since the beginning of the history of mankind. It is a natural tendency for one to massage and manipulate an aching muscle or limb. Everyone, at some time or another, has felt the urge to exercise his shoulders and relieve the binding of spinal fatigue. It is not too much to assume that the primitive man devised methods of accomplishing the instinctive tendency to massage and manipulate his fatigued and aching muscles and joints in order to maintain a desired flexibility. We have all had the experience of inadvertently snapping our joints while luxuriously stretching our fatigued frames.

Although the primitive man may have interpreted these sounds to be some mysterious spiritual phenomena, the more modern man began to assume that “little bones” were simply snapping back-into-place-or out-of place. The craft of bone setting has been practised since the early period in history, having roots among the Greeks and Egyptians (Sigerist, 1997;

Filer, 1996; Majno, 1995; Nunn, 1996). Muslim medicine paid formal attention to bone setting, anticipating its place in institutional medicine much later in time (Anderson, 1983; Douglass, 1994).

Bone setting had flourished in Europe for a number of centuries and it included many celebrated practitioners, among them Valentine Greatrex, Sally Mapp and the distinguished Sir Herbert Barker, who was Knighted for his invaluable work.

Although bonesetters were either self taught or apprenticed to master practitioners, their value was acknowledged by a significant number of physicians and surgeons and was legitimized by three important publications by eminent doctors, Sir James Paget and Wharton Wood in Britain and Louis Bauer in the USA (Gordon B.L, 1996). These books were distributed widely throughout America extolling the virtues of bone setting.

In the historical development of medicine, there are many references to the practice of bone setting. In some of the early hospitals, bone setting was the duty of a few members of certain religious orders. These manipulations were no doubt performed with various religious incantations (verbal arts) to their respective gods. One of these religious bonesetters, Friar Moulton, of the order of St. Augustine, wrote a book entitled the Compleat Bonesetter. Turner, in his introduction to the book, mentioned that the book was intended to be a guide for “the use of those Godly Ladies and Gentlewomen, who are industrious for their talent God has given them, in helping their poor sick neighbors [sic]”.. This seems to indicate that bone setting was a practice commonly employed in the homes of England in the Seventeenth century, and, curiously enough, primarily by women. One of the most famous lay bonesetters

in the history of bone setting was a woman: Sally Mapp, the daughter of an English bonesetter of the Eighteenth century.

In England, in the Nineteenth Century Hug Owen Thomas was a traditional bonesetter from Liverpool. He is still known as the Father of Orthopaedics in England. He published a book outlining some of his techniques and methods to treat fractures.

In addition to the use of manipulation as a method of setting fractures, reducing dislocations, and restoring mobility to an injured or diseased joint, there is considerable evidence that many ancient cults and individuals attempted to treat disease by ceremoniously manipulating or popping the joints. This was especially true among those groups and civilizations that routinely employed massaging in their treatment methods.

Some claim that the American Indians practised a form of spinal manipulation (for centuries) that is similar to the ancient and present-day forms of spinal “bone setting”. It is well known that general bone setting was skilfully practised by Indian tribes all over the American continent, particularly the Sioux Indians, the Winnebagos, the Creeks of the southeastern United States, groups of the north Pacific Coast, and certain Brazilian tribes. One author relates the story of having witnessed an Indian hunter reduce a dislocation in his own hip after “catching his leg in a tree”. Since it would seem to be a natural tendency for man to attempt to “replace” a joint that was obviously out of its normal position, such has probably occurred from time immemorial notwithstanding man’s ignorance (Homola, 2000).

German physicians report that some forms of manipulation resembling modern chiropractic

manipulations still persist in the folk medicine of Germany. It was stated that, in addition, such a treatment was once part of the official medicine of Germany, and that, although it was forgotten over the years, it is now being reclaimed by the physician for what value it has and is being incorporated into the modern practice of medicine.

Before the time of Hippocrates, Aesculapius, an ancient Greek physician (often referred to as “the first physician”), supposedly employed methods of treatment such as bone setting. Much myth surrounds the story of Aesculapius, so much so that after his death he was made a god of Medicine and was worshipped in Grecian temples. Today, the symbol of Aesculapius – two serpents twined on a staff (the caduceus) – remains as the symbol of modern medicine.

It was not until the influence of Hippocrates prevailed, however, that religious superstition was separated from the practice of medicine. Hippocrates (460 B.C.), the greatest of the Greek physicians, is known today as “the father of medicine” as already stated. Hippocrates completed at least three books on bones and joints, these three were entitled: On *Fractures*; on the *Articulations*, and on *Setting Joints by Leverage*. The aphorism “look well to the spine for the cause of disease” was reported to have been written by Hippocrates. He apparently recognized the existence of symptoms that flow over the spinal nerves as well as certain paralytic symptoms caused by several injuries to the spinal column (Geiger, Arthur, 1993).

### **2.3 Successes of bonesetters**

Although Hippocrates was quite unaware of the cause of severe injuries to the spinal column in most cases, he did note that “humps” in the spinal column, especially when they were accompanied with “tubercles in the lungs,” were quite impossible to correct. “The vertebrae

of the spine when contracted into a hump cannot be remedied, more especially when the gibbosity (hump) is above the attachment of the diaphragm to the spine.” Today, physicians recognise some of these “humps” as being tuberculous infection of the thoracic vertebrae, a condition that should not be treated forcefully under any circumstances. In fact, unrecognised tuberculous joint disease, ultimately resulting in a deterioration of the infected bone, has become the fear of every conscientious Joint Manipulator whose treatment, when applied in such conditions, could result in complete destruction of the forcefully moved joint.

One of the most popular methods of treating spinal injuries among the contemporaries of Hippocrates was a method of “succession,” that is, tying the patient outstretched upon a ladder and shaking him vertically so that the weight of the body could stretch the spine in a corrective manner and reduce existing” dislocations (Homola, 1963).”(Artistically the ladder might have been shaped to certain specification. A tall person needs a longer ladder whereas a short person needs a shorter ladder).

Cato the elder, a Roman statesman (234-149BC) practised bone setting during the time of the Roman Republic. In his *De Re Rustica* (environmental art- building for setting bones), we note that he reduces dislocations while reciting the following incantations (verbal arts).

*“Haut, hanat ista pista sista damiate damnaustra”*

The meaning is not known to the researcher.

This “fearful” sounding invocation no doubt sounded like the last rites to many an individual submitting a painfully dislocated joint to Cato’s manipulation (Homola, 1874).

There is no doubt that many bonesetters, such as Sally Mapp, actually did accomplish some

good by breaking down adhesions in some of the joints they manipulated, even though they manipulated them without sufficient knowledge of the joints, tuberculous and infected joints alike with disastrous results.

Sir James Paget, a famous surgeon and authority on bone diseases in the nineteenth century, was one of the qualified practitioners who observed that there was actually some value in many of the manipulations performed by the bonesetter; for in a lecture entitled “Cases That Bonesetters Cure,” published in the British Medical Journal, January 5, 1867, he stated:

“Few of you are likely to practice [sic] without having a bonesetter for a rival; and if he can cure a case, which you have failed to cure, his fortune may be made and yours marred - learn, then, to imitate what is good and avoid what is bad in the practice of bonesetters. In 1871, M. D. Wharton Hood, published a treatise [on Bone Setting] after observing the methods used by a contemporary bonesetter. Hood, who discovered that there was a great deal of value in manipulating certain joint conditions in addition to those that presented actual displacement, published a series of articles in a British journal explaining the methods of bone setting he had learned from Robert Hutton, a well-known bonesetter in London. In describing his own findings, Hood stated”.

“The whole mystery of “bone-setting,” precisely, what it could do and where it was injurious, was laid open to the medical profession in the plainest language” [Fisher, 1995].

As it stands today, pure bone setting, as a general treatment for disease, is found only in some little-changed chiropractic colleges.

Although much of the supernatural concept was removed from the practice of bone setting in the theory of osteopathy and chiropractic, an equally erroneous concept was established that



was better suited to the changing times. While the chiropractic theory seems to have been patterned after the osteopathic premise, the founder of osteopathy claims to have originated the practice according to “divine inspiration” from the “God of Nature.” Still stated that God is the Father of Osteopathy and that he was not ashamed of the child of his mind. “God is the Father of osteopathy,” said still, “and I am not ashamed of the child of His mind.” Still’s apocalyptic style of describing the origin and purpose of the practice of osteopathy provided an irresistible attraction to thousands of excessively religious Americans. Thus, the practice of osteopathy was a guaranteed success. As in the days of Sally Mapp, the treatment appeared to be quite successful in a great many conditions because of the unrecognised effects of suggestive therapy (Homola, 1874).

In many underdeveloped parts of the world, where qualified doctors are scarce and disease prevalent, bonesetters and other practitioners of folk medicine still command great popularity.

Traditional bonesetters are now known to repair compound fractures and some are said to be so skilled in the art that they can heal fractures which do not respond to treatment in modern hospitals. However, while some surgeons accept that traditional bonesetters could be useful in the health care delivery system, others maintain that such practitioners need to be trained to recognise fractures that are beyond their skill.

The surgeons maintain that some bonesetters’ treatment of compound fractures has resulted in permanent deformations which could have been prevented if the patient had been referred to a hospital.

There is a great deal of value in joint manipulation when such treatment is indicated. Orthopaedic authorities do not denounce the value of manipulation as such. Medical science has readily incorporated the use of scientific manipulative therapy into a department of medicine called physical medicine. Further, many hitherto unknown values of manipulation, all in accord with the laws of physiology, neurology, psychology, and anatomy, are being progressively recognized and sifted by medical science.

Manipulation of the spine has been done by such practitioners in cases of tuberculosis, cancer, fracture or actual dislocation of the spine, with serious and occasionally fatal results. Continued manipulation without other treatment does nothing constructive to result in permanent cure or improvement in the patient's local condition, even though it may temporarily relieve the symptoms. Valuable time may be lost in continuing such treatments while a proper treatment is neglected (Haworth, 1999).

“There is no doubt that some ‘practitioners’ are very skilful”, admits one well-known orthopedic specialist who however objects to the fact that everyone gets the same general type of treatment, which cannot always be correct (Lewin, 2001).

#### **2.4 Type of medications used by bonesetters**

Although bone setting is usually performed without the aid of X-rays, the experienced bonesetter uses his hands and fingers to feel and assess the type and extent of damage to a broken bone. In the case of a broken leg the patient is made to lie down or sit down with the fractured leg lying flat. Herbal dressings are placed on the fracture before planks or sticks are tied round the leg with a string or the stem of a climbing plant. (The planks or sticks are



artistically shaped to fit the leg and strings made from the climbing plant to hold the pieces of sticks and fracture in place). The patient is required to keep the leg as stationary as possible throughout the treatment. By the next day the leg would have swollen, bulging out in the regions where there are no splints. These swellings are treated with hot fermentations, e.g. a decoction of *Cissus quadrangularis*. In some parts of Nigeria, bonesetters fracture the leg of a chicken at the time they are treating a human fracture. The chicken is given the same treatment as the patient. It is believed that when the chicken is able to walk again the patient's fracture will have healed (Sofowora, 1993).

Similarly in Liberia Traditional bone setters fracture the leg of a live chicken and treat it along side that of the patient. Oil is rubbed over the injury and small twists are then wrapped round the wound, which has been covered with a strip of cloth or a bandage (body art). At the time the chicken's leg is healed, the patient is believed to have been healed too, and the bandage and splints are removed. The treatment involves rituals (verbal art) (ww3.baglor.edu).

Over the years traditional bone setting has undergone various minor modifications all over Africa. In many parts, the influence of modern medical practices has introduced changes into the traditional methods. A case in point is that the method of splinting among the Luo of Tanzania has changed whereas they previously used to treat fractures with splints made of bark, heavy twigs and sisal leaves, many bonesetters now use a dung cast mixed with some clay and thus resembling POP casts used in hospitals.

Maya bonesetters, especially, bring a great range of backgrounds and experience into their

work. Their practical importance to the world of daily life, and to the symbolic matrix underwriting it, account for their enduring place in many communities.

Maya bonesetters exhibit two main tendencies in their work styles and in their vocational outlook. On one hand, Kaqchikel Maya bonesetters of Comalapa of Guatemala indicate that their work is largely empirical, having relatively little to do with the divine. Tz'utujil Maya bonesetters of San Pedro also consider their practices to be innately tied to the divine.

Maya bonesetters practice an eminently manual art, characterised by the hands' ability to probe and access information in the body. Bonesetters say their hands are able to directly detect problems in the body. They often speak of how their hands simply “know” the body, and that when they place their hands on a suffering body, their hands act on their own accord in locating the problem areas. Bonesetters do not “guide” their hands around and into an injury; their hands guide them. They insist, furthermore, that this ability arose within them, and remains located within them (McMahon, 1994).

Pedrano bonesetters, however, bring additional elements into the bone setting experience: through dreams and the use of a sacred object, each confirming their healing authority. Bonesetters locate their avowed hand-based knowledge in an object called a *hueso* or *baq* “bone” as well as in their hands. With this object, they carry out the initial “scan” of the body, placing it directly on the body and apparently moving it along the skin. Then, they perform the corrective procedure with it, such as a fracture-realignment or dislocation reduction. It is only after this procedure that the San Pedro bonesetter might lubricate the

body and apply his hands directly to it.

In the San Pedro tradition, persons discover the ‘huesos’ or ‘baq’ as the bonesetter’s role is revealed to them. These objects are often small animal vertebrae or other bones, or even stones which are wrapped in red cloths (textiles) and kept in a skin bag hung in a special location in the room and can be carried on the body when travelling.

When used by its due owner, the *hueso* is said to move of its own accord over an injured body. Some bonesetters say the *hueso* will stop abruptly over a fracture. Its reported magnet-like ability to detect injuries makes it a singular diagnostic and corrective tool. As one bonesetter says, ‘It’s” a real magnet ...because it grabs the bone. On the whole, then, San Pedro bonesetters are very interested in sacred objects, and they place great emphasis on their divine instrument.

## **2.5 Traditional bone setting in Ghana**

According to Ampofo (1994); recourse to TM in Ghana is usually instigated by the belief that certain diseases can only be treated by traditional methods. That is why many people prefer using traditional bone healers for the treatment of all forms of fractures because it is believed that fractures are best healed by traditional medicine. For example in Ingrid Tijssen’s (1982) essay on traditional bone setting in Kwahu, Ghana, he states “Patients with all kinds of fractures preferred traditional bone setting to hospital treatment because the traditional method (practised by a herbalist) shortened the duration of immobilisation and kept degeneration of muscles and joints to a minimum”. Nevertheless, she found that bone setters have no function in national health programmes in Ghana, and cogently recommends

the inclusion of traditional medicine in the national healthcare system. Notwithstanding the limitations of traditional bonesetting in the National Health Care delivery system, many Ghanaians continue to use the system.

In the view of (Marcel J. et. al., 2007), patients normally opt for treatment of traditional bonesetters as against hospital treatment. This decision is normally guided by severity of the fracture, availability of the service, financial status of the patient and the past experiences of Ghanaians.

Very few researchers have pointed out in their studies the contribution of traditional bone setters in the health care delivery system of Ghana (Twumasi, 1997, Kunfa, 1996, Boadi, 2001).

There are different ways by which traditional bonesetters undertake their activities. Yaw Mahama, located at a cottage between Moseaso and Anyinam in the Eastern Region has been practising bone setting since infancy. In the course of his treatment, he breaks a chicken's wing and applies the herbal medicine to both the chicken's and the patient's fractured parts while reciting Islamic prayers (Verbal Art) asserting that both the chicken's and the patient's bones will be healed in fifteen days. It is believed that spiritually what happens to the chicken also happens to the patient within this period. He then puts pieces of wood around the fractured part and ties it in place with a cloth (body art) to support the bone as it heals. There are no fixed charges after treatment (Oppong, 1989).

Vincent Aweh, a traditional bonesetter of Adisadel Village, Cape Coast in the Central

Region, like his colleague Yaw Mahama uses both spiritual incantations and herbal preparations (*Kyoweto*) for the treatment of fractures.

In his therapeutic treatment, Aweh smears the *Kyoweto* (mixture of herbs and sheabutter) in three strokes lengthwise and prays artistically over it as follows:

God Jesus, you who touch the blind and they see, the leper and they feel, the deaf and they hear... you have risen from the dead, so now I ask you to send the Holy Spirit to my hand on which I touch the person to cure this sickness in the name of God. Amen (He uses verbal art in the course of healing).

After that, narrow pieces of wood are placed on the injured bone and are held in place with a rope or a string and a piece of cloth to prevent the bone from shifting. The pieces of wood and the strips of cloth are artistically shaped to fit the fractured portion to ensure that they do not allow shifting of the bone.

In Aweh's treatment there are no formal charges. It is believed that the medicine came from the ground as such patients drop whatever amount he wishes to donate as a sign of appreciation on the ground for the bonesetter to pick (Amfom, 1999).

The traditional bonesetters' clinic of Loagre Number Two Village, 7 kilometres from Walewale in the West Mamprushie District is well experienced and specialised in compound fractures. Established about 80 years ago, it is said to have saved many accident victims from permanent deformity by mending their broken-bones even in the most helpless cases.

Gumrana Mohamadu Issahaku the head of the bonesetter's clinic indicated that because of its popularity, the clinic has become a referred centre where patients with serious fractures especially motor accident victims, are referred to for treatment from recognised hospitals in many parts of Ghana.

To ease the accommodation problem, MENFOUND, an NGO in collaboration with Prent University of Britain provided eight rooms to the clinic to augment its activities.

They have medicines such as gentian violet (GV) for the treatment of wounds and sores. They provide crutches (art) to aid patients to walk. They use herbs and spiritual means to heal their patients, but do not reveal how this is done (Daily Graphic, 28<sup>th</sup> June 2005). From the above, it will be noted that there are traditional bone setting clinics dotted all over the country.

In all cases studied, traditional bone setters make use of the various arts in the setting of bones. The setting of bones is performed with various incantations to their respective gods, says Friour Moulton, a religious bone setter.

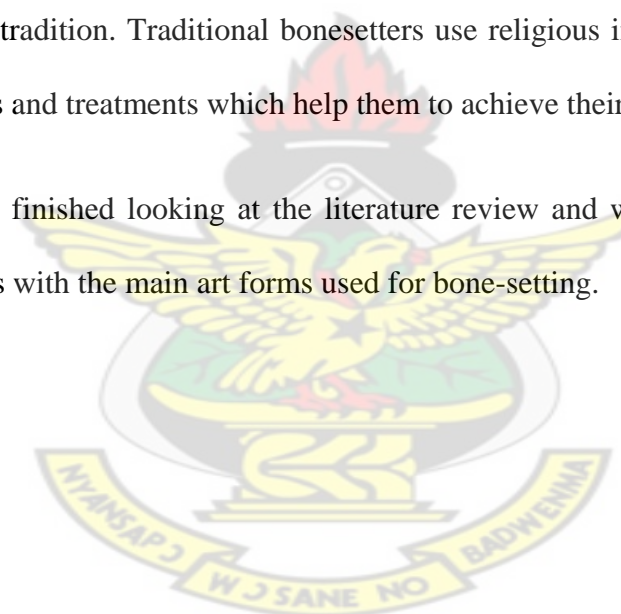
However, in West Africa the use of a chicken and herbs for the treatment of fractures cuts across all societies, but the method depends on the bone setter. For example, Sofowora (1993) states that "Traditional bone setters in some parts of Nigeria fracture the leg of a chicken and give it the same treatment as the patient. Yaw Mahama, a Ghanaian bone-setter also uses the same method in treating his patients.

Traditional bone setting is well preserved as a family practice in some parts of West Africa, as practised by Yaw Mahama, Vincent Aweh and Martina Nenewee, but in the case of the Maya and Sam Pedro bone setters, it is reported that it is revealed through dreams. Also, their sacred objects such as bones and stones, used for healing, are said to be revealed through dreams.

### **Summary of the chapter**

From the literature reviewed it could be noticed that traditional bone setting is a worldwide practice among all societies. It is mostly a family practice handed down from generation to generation by oral tradition. Traditional bonesetters use religious incantations as well as art objects in diagnosis and treatments which help them to achieve their desired results.

The researcher has finished looking at the literature review and will now look at the next chapter which deals with the main art forms used for bone-setting.





## CHAPTER THREE

### 3.0 INTERVIEW WITH KEY INFORMANT

This chapter captures the researcher's interview with the key informant (Mr. Issifu Abudu) on the history of the Gwollu TBS (see plate 3.0a). The interview also covers the various art forms involved in the treatment of patients. The researcher's personal observations are also included in the discussion.

### 3.1 A brief history of the Gwollu TBS

The TBS clinic at Gwollu in the Sissala West District is run by the Nagiriwie Clan of Gwollu Tituowala. The practice is believed to have been in existence for over 200 years and it is said that Tituo the founder of *Tituowala* had two wives, Hakuli and Hawie. As rivals the two wives hated each other. One day when Hakuli was out in the field, Hawie used the former's pestle to pound millet. Unfortunately the pestle got broken. This generated a quarrel between the two wives. Hawie then decided to replace the broken pestle with a new one but her rival insisted she wanted the original pestle.

Faced with this problem, Hawie took the two broken ends of the pestle and prayed to God to help her to overcome the problem. She spat three times on one end of the broken pestle and three times on the other end and fixed the ends together and to her surprise the two ends stuck together. Hawie thanked God for such a miracle. Since then, the method has been employed in healing all kinds of fractures, using herbs in addition. This tradition of bone setting has since remained in the *Tituo* family. There are no formal charges, however, whatever patients present as gifts are taken after the treatment.





Plate 3.0: Photograph of Baba Abudu, leader of the TBS of Gwollu  
Field Survey, 2006

### **3.2 Arts and activities of the Gwollu Traditional Bone Setting Clinic**

The Traditional Bone Setting Clinic in Gwollu is shrouded in secrecy and involves the use of spiritual as well as simple and readily available material artifacts. These involve the use of tree leaves, barks, roots and herbs for the treatment of fractures. If the patient is a female. If the patient is male, the bone setter spits three times on the broken leg of the chicken, and the male patient does the same thing.(Probably there are four spirits who help in the cure of female patients and three spirits that are responsible for the treatment of male patients).The leg is splinted and the chicken kept in a '*Chiku/Dzitu*'(see plate 3.2b and 3.2c) and given the same treatment as that of the patient.

The Traditional Bone Setters of Gwollu demand that the patient presents a black hen, a calabash of sheabutter (see plate 3.2a) and a new pot when he visits the “*Luki*”.in the course of the treatment the TBS fractures one of the legs of the chickens provided by the patient and the healer spits four times on it and asks the patient to do the same,if the patient is a female. If the patient is a male, the bone setter spits three times on the broken leg of the chicken, and the male patient does the same thing. (Probably there are four spirits who help in the cure of female patients and three spirits that are responsible for the treatment of male patients). The leg is splinted and the chicken kept in a “*Chiku/Dzitu*”(see plate 3.2b and 3.2c).

The importance of the *Chiku/Dzitu* is that the absence of the *Chiku/Dzitu* leaves the patient-chicken in an open space; in that case the healing spirit will have no place in the form of a ward to treat the patient-chicken which will also spiritually treat the physical human being who was brought to the centre.



Plate 3.2a Calabash of sheabutter

Field Survey, 2006



Plate 3.2b *Chiku*



Plate 3.2c *Dzitu*

Field Survey, 2006



### 3.3 Visual art

They include the art forms like buildings and all that which decorate the environment. The important feature of these arts is that they are used during the healing processes by the traditional bone setters.

The traditional bone setters' clinic is situated on a highland. Since traditional medicine goes with strict taboos the clinic is situated outside the compound. The entire building was constructed with landcrete bricks. It has a flat roof and one main gate (see plate 3.3a).



Main gate

Plate 3.3a: Old traditional *clinic* building (*Luki*)

Field Survey, 2006

The wall of the building whose thickness is about one metre can be likened to the slave traders defence walls of Gwollu which has survived over the years and remained as a monument and a tourist attraction. There are currently new buildings housing patients who receive treatment at the clinic (see plate 3.3b).

The healing objects which are believed to contain vital forces are found hung outside or inside the buildings. These are *Lonbaŋi*, *puri* and *nyukokaa*.

Other “healing” objects are believed to have been buried along the road leading to the clinic and under the foundations of the “wards”. The building protects some of the healing objects and at the same time the secrecy of the healing.



Plate 3.3b: New building of the ‘clinic’

Field Survey, 2006

### **3.4 The Gourds (*Lonbaŋi*)**

According to the leader of the TBS, the ancestors are believed to be the chief protectors of the clinic and each time they come, they drink the liquid potions contained in the gourds. The liquid also serves as an enticement to the protecting ancestor spirits (see plate 3.4a).

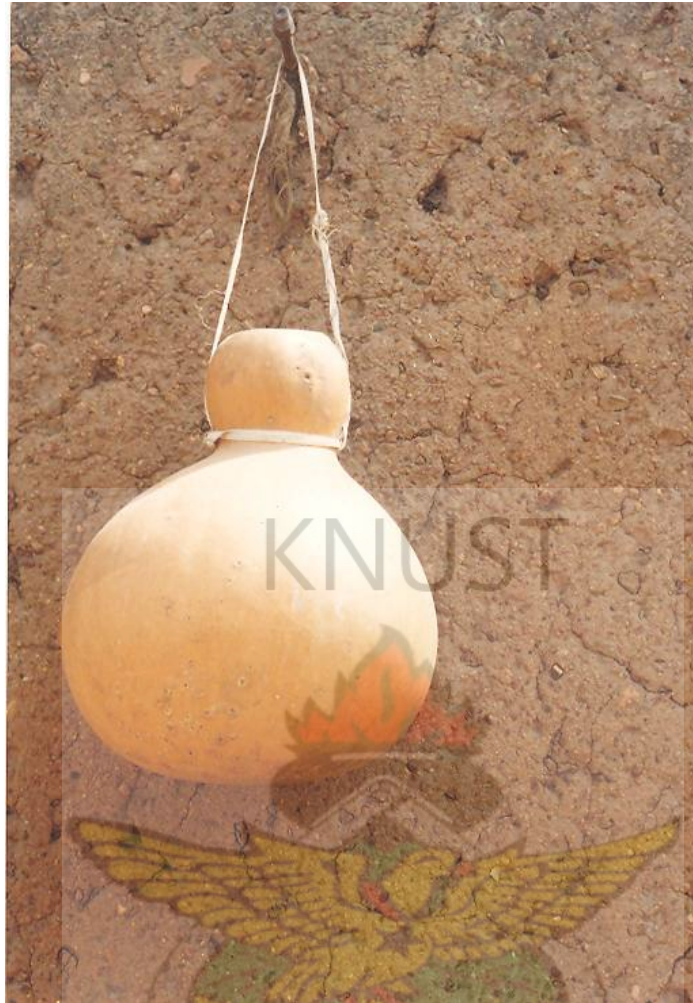


Plate 3.4a: (*Lonbaŋi*) A gourd

Field Survey, 2006

### 3.5 Skin bag and skins

Skins are obtained when skins are shaped. They contain traditional incense, certain parts of nocturnal and other creatures such as the owl, pythons, eagles, vultures, leopards, etc. and the white man's hair which altogether form a strong protective medicine to the clinic (Baba Abudu, 2006) (see plate 3.5a).

In the olden days skins were many and served as mats for patients. This has largely been

replaced with modern plastic mats. However, the protective skins are still being used on the walls of the “ward” as spiritual protective objects.



Plate 3.5a: (*Puri*) and *Nyukokaa*

Field Survey, 2006

### 3.6 Skull

The skull of animals is widely used by TBS. According to Mr. Issifu Abudu says that there was rivalry among various indigenous doctors in the olden days. This necessitated the use of magically skulls of domestic animals believed to resist and repel external forces that might steal some of their healing powers or send bad spirits to destroy the healing power of TBS. Therefore the GTBS use a goat skull imbued with medicine to protect the clinic (as also



shown in plate 3.5a).

### 3.7 Trees

The surrounding environment is covered with medicinal trees haphazardly planted. Apart from decorating the environment, they also play medicinal roles. The ‘healing herb’ (*Pipahoka*) is found in the immediate surrounding. It is believed to contain spirits and it plays an important role in the traditional bone setters work (see plate 3.7a).



Plate 3.7a: The healing herb (*Pipahoka*)

Field Survey, 2006

It is also said that *Totoka* (*Fiscus capensis*) a tree in front of the clinic has medicinal properties which help the patients’ blood to flow freely in the veins. Parts of the tree’s “parasitic roots” are dried, on top of the roof. They climb to the roof top using a traditional ladder, fashioned into their steps (see plate 3.7b). They then pound the dried herbs in a mortar (see plate 3.7c) mix the stuff with sheabutter and use it in massaging the patients’ veins.





Plate 3.7b (*Tor*) A mortar



Plate 3.7c: *Lusincholi*, A traditional ladder

Field Survey, 2006

It may also be boiled on a hearth (see plate 3.7d) for the patient to drink and also to bath with.



Plate 3.7d (*Dawua*) A hearth

Field Survey, 2006

The elders say that the ancestors sit under the trees and watch over the neighbourhood. Other environmental arts worth mentioning include *Vii* which was originally used solely for boiling the herbs but is now being used alongside the “*Dansani*” to boil the herbs in the clinic (see plates 3.7e and 3.7f and 3.7g).

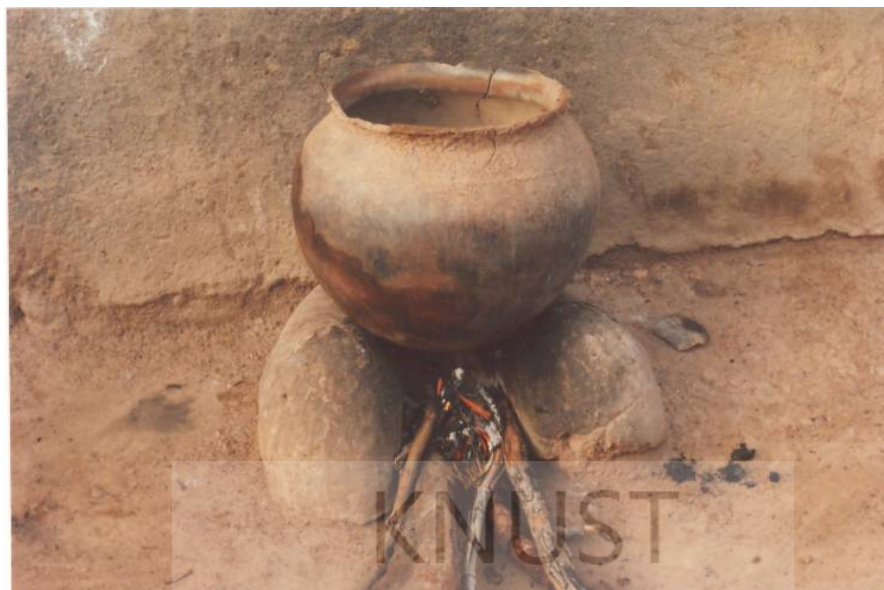


Plate 3.7e: A pot used in the 'clinic' (vii)



Plate 3.7f: '*Dansani*' used in boiling herbs

Field Survey, 2006





Plate 3.7g A white lady looking at the boiling process of the herbs



Plate 3.8a: (*Daduka*) A traditional walking stick

Field Survey, 2006

### 3.8 “*Daduka*”

One other art object that needs mention is *Daduka*. It served as a walking stick for patients for over centuries. However, the aged also make of the traditional walking sticks unlike the modern crutches which are solely used by patients with amputated and fractured legs. It is made from *Kampoye* (*Strychnos spinosa*) a shrub believed to be inhabited by fairies. The waling stick is strong and durable, well seasoned and limited to a highest of about 1½ for the comfort of the patient but has been replaced of late by crutches (see plates 3.8a, 3.8b and 3.8c).



Plate 3.8b: Modern wooden crutches

Field Survey, 2006



Plate 3.8c Modern wooden crutches

Field Survey, 2006

Because of the belief that ‘wicked spirits’ are the cause of most misfortunes, the traditional walking stick is thought to have been fortified spiritually to protect the patients and also support them to walk in the course of the treatment.

It is curved downwards and the handle given some weight. The handle is topped with a rubber or any cover that gives comfort to the palm when held at the top of the bent handle.

### **3.9 *Vuruku Danguli***

According to Mr.Issifu Abudu,“*Danguli* is a divination object carved in the form of ‘drumming sticks’ it is very important to the practice of traditional bone setting in Gwollu.



When the desired results are not achieved within the stipulated time, it is the art objects that the practitioners use to communicate with the deities to find the cause. It is a specialized type of divination object. It is said that it came from the sky. Others are also of the view that it was human made and later on a medicine man invited the spirits into it. But the researcher believes that it was curved by man and later on conjured by magical powers for the TBS use.

The “*danguli*” itself has been carved out of a branch of *kali* (a short tree that bears yellow fruits. The branches are thick and brown and most often people fear climbing it because of the belief that the tree is inhabited by cobras). The shape of the object is like the number seven (7) and is covered with white and black threads and cowries all stuck firmly to the object (Leader TBS).(see fig. 3.9a).



Plate.3.9a: *Vuruku Danguli*

Field Survey, 2006

Throwing more light on the use of *Danguli* , the TBS said ,”It is normally used by two people; one person holds the top and another, the tail end, an incantation is said by the priest to ginger the object into action. The object shakes and sways from one side to another. After



some time it settles down. The priest who understands the “language” of the object interprets its action and the prescriptions for the treatment shown for the speedy recovery of the patient”.

According to Mr. Abudu, the stick together with its accoutrements are very strategic in the divination process adding that the stick serves as a handle to the two people as mentioned above. The couriers and the threads serve forces and the divining a communication link between the spiritual forces and the divining process. The priest then becomes an interpreter of the movement of the stick.

### **3.10 Verbal arts**

In Traditional Bone Setting, special forms of speeches are necessary in communicating with the spirits whose assistance is being sought in the treatment of the patient.

This form of speech may be found in prayer to their respective gods. The prayer may be in special artistic utterances that relate to medicinal practices and may have within it, proverbs, poems and idiomatic expressions. This involves requests or desires aimed at influencing a power considered as supernatural (Anon, 1937).

The treatment starts with people who hold the patient firmly for the TBS to perform the massage. During the activity, many forms of “musical” tones of performing arts are sounded ranging from tenor, bass, also among others whilst some patients scream at the top of their voices. Others wail whilst others cry in tongues, each one calling his god to come to his aid. This exercise can hardly be performed by a sympathetic person since he may not be able to endure the struggles of the patient.

In some cases after the “Marathon Struggle”, both the patient and the helpers ask for “*Zuonkuon*” to cool down their hearts (thirst). Where the struggle is not that much, the patient will sit down panting and sweating.

Holding the fractured part of the patient, the TBS spits on it as done to the chicken. (Spiritually the chicken is believed to represent the patient and whatever happens to it affects the patient. Because of this it is handled with care). He then picks some sheabutter in both hands, looks up to the sky, swings both hands to the right and to the left and makes the following incantational prayers. The prayer specifically shows that God is the source of healing.

Nyina Wiisi

Naha, Hawia

Nawal wa

Kutiwi a la poala

A vaari paŋ

I yeri na puŋ a mu mu

Jiko na yeri si siwu

Tiwi, Tiwi, Tiwi

English translation

Descend Almighty God

Hawia our ancestor

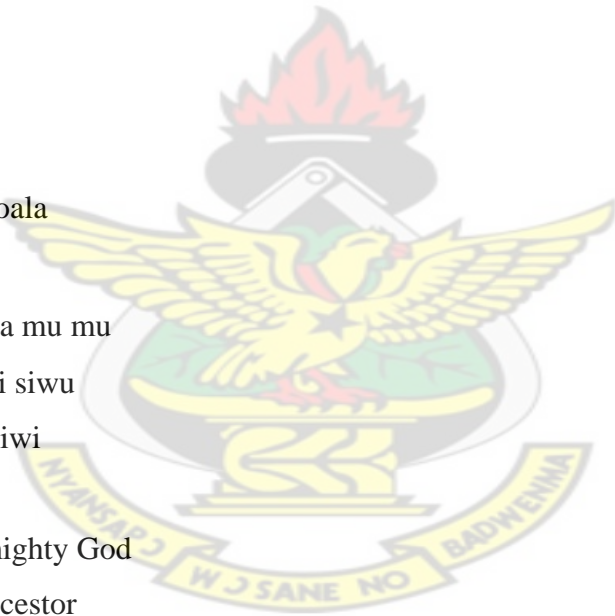
We call upon you again

Seek your powers

To cure your grandchildren

To keep your name flying

Descend, Descend, Descend



After that, he holds the broken part, pushes in the bone and smears it with sheabutter uttering some audible words whiles manipulating it. He covers it with cotton wool and splints it and uses a piece of textile to hold the fracture in place. The TBS, after that, goes to the bush to pick the leaves and roots of the '*pipa hoka*' which are used for the treatment.

It may be employed in attracting the benevolent spirit of the tree to come and assist the TBS in healing the patient. Therefore for the traditional bone setter to collect some leaves, roots and barks from the plant for healing, the permission of the plant must be sought through prayer (see plate 3.10a and 3.10b).

Mr Issifu said that prayers are thought to dislodge any bad spirit from the tree and allow the use of the plant. There is no fixed prayer to follow.

However, in most cases the bone setter offers a simple prayer before picking the leaves for use. A common prayer often used is as follows:-

Sissala:-

Dunia woo ma

Tintia Kwia

Baka Kwia

Idaha ni kunwoo chin

Pipa an chininyunni

Osuli

Kangya pipa moa, a moa vaari puala

Wuri i taa paŋ

I boli, i boli boli

Gafara



Plate 3.10a: A TBS offers a prayer to the spirits believed to be in the herbs



Plate 3.10b: A TBS picking herbs

Field Survey, 2006

English translation:-

Oh! Mother earth,  
Who has been in existence since time-immemorial.  
On whom all living things depend  
This healing plant is no exception  
I seek the help of this plant  
Through you, the landlady  
To follow me home  
To heal your grand child  
Follow me  
Thank you, almighty

The leaves are washed thoroughly in water with the TBS reciting some inaudible words and he appears to be spitting on them. The leaves are boiled in an art object, *vii* from which the hot concoction is used to massage the fracture every morning and re-splinting it on each occasion (see plate 3.10c, 3.10d, 3.10e, 3.10f and 3.10g).

Before this is done, the fractured leg is placed on a fracture bed for convenience placement (see plate 3.10h and 3.10i). To monitor the progress of the patient, the patient is admitted at the 'Luki (Visual Art) and given treatment every morning.

Because of the belief that fractures can be caused by spirits or through the breaking of taboos of the clan or village, there are certain prohibitions the patient must observe in order for the fracture to heal fast.





*Sangai*

Plate 3.10c: Traditional bandage being used on a fractured leg.



Plate 3.10d: A TBS massaging a fractured leg



Plate 3.10e: A TBS splinting a fractured arm



Plate 3.10f a patient relaxing after massaging and splinting exercises



Plate 3.10g A patient receiving treatment

Field Survey, 2006





Plate 3.10h Treating a patient on an improvised fracture bed



Plate 3.10i A Fracture bed at the GTBS 'clinic'

Early in the morning of the day for the performance the traditional bonesetter cleans the surrounding and the inside of the *Luki* (building for healing).

Although the environment has already been fortified against evil forces the does not take chances, because of that the TBS casts pieces of a kolanut on the ground inside the (*Kantommedia*) and offers them to mother earth and the ancestors and asks them for their support during the day. After that he burns incense both in and outside the performance room. Finally he brings down the *vurukupuri* (goat skin) and the '*Sissala chemi*' and sprinkle some incense on them with a prayer.

The TBS puts on a ring in the middle finger of his left hand (the ring protects him from unseen spiritual intruders). He wears a *Tintalipa* (traditional pant) and puts on a belt of talismans which covers his entire waist (without this he may not be possessed enough to perform the rituals (Mr. .Issifu Abudu).

The sound of the musical instrument inspires the priest to get possessed by the healing spirit to pronounce prescriptions for the patient. This could be likened to the descending of the *Bosom Atia Yaw* of Kwahu<sup>1</sup>.

The coming of the spirits is associated with the adherence of certain taboos. One such prohibition is abstinence from sexual intercourse during treatment as happens in other societies. At this point the patient is expected to observe the taboos (Amponsah, 1997) of the spirits. It is believed that the patient should observe the taboos of the medical deity and that of the clan. Anything contrary to that will result in series of calamities, including death, to the patient.

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<sup>1</sup>Attia Yaw was a 'god of the Kwahus of Ghana whose coming was characterized by traditional music and chanting (≡baa o, ≡baa o).  
Source: Lecture Notes, Dr. Opamshen Osei Agyeman, 2006

### 3.10.1 Performing art

Performing art features prominently in the traditional bone-setters' work. It involves music provided by a '*chemidura*' using the '*Sissala Chemi* (a musical instrument) without it the healing may not be complete (see plate 3.10.1a).

If the condition of a patient does not improve in the cause of treatment, the bone setter suspects '*hili*' (witchcraft) in such situations, the performing arts have contributed immensely to the healing process.

According to the TBS Head, a quiet period, usually late in the night, is most suitable for the performance in a '*Kantoma dia*' in total darkness with two or more people and may last through the 'small hours' in the morning. After bringing down the *Vuruku Puri* (an art object) the healer dips his hands into it and picks an art object which represents the *Kantoma* whose help is being solicited (Plate 3.10.b).



Plate 3.10.1a: Sissala Chemi – a musical instrument used to invite the spiritual dwarfs



Plate 3.10.1b: *Vuruku Puri* a skin bag which contains objects used for divination

Field Survey, 2006

With the scene now set, the *chemidura* proceeds with the music supported by his assistant. The music is believed to attract the *Kantoma* for use in diagnosing the problem and in healing. The *chemidura* use special tones, praise names of the spirit and various songs which set the environment for spiritual action.

The tone of the music changes when footsteps are heard on the roof signifying the presence of the *Kantoma*. The music stops briefly for requests to be made by the TBS and the “*Kantoma*” responds to the hearing of all in the room. The “*Kantoma*” prescribes a solution to the problem in the form of alms or rituals to be performed by the bone setter or the patient.

Whiles this performance goes on, the priest plays the music whose words are as follows:-

Wiisi, ku giguru

Inii wuri kakachu

Kuowala ni bin wa pansa

Bisimsi can ma chakO la  
Amaŋ don punna ka  
Ini ka naŋwuli a bi banwia  
Lii ganmua ka diisi kyanjula  
A a-gyipana a min nomi gann mua  
A gyin ha gara ari hatana  
Ini ka gowusa ajin anmui fali, ari anmui biina  
Amin buluja baka la  
Ari nawala konŋu  
Inika Kyunchusimi wagbana ana bui daha na si ka wihiali taa nasi ana.

#### **English translation**

God Almighty  
You who bless  
The orphan depends on you  
When there is trouble  
You, who see all,  
Our grand fathers  
In the Bulunna forest  
You, the Almighty  
The warrior of all times  
Come into our mist

The music resumes with different lyrics used in dispatching the spiritual dwarf to its abode, the Bulunna forest.

#### **3.10.2 Literary art**

Literary Art is an aspect of the healing process which depends on the progress or deterioration of the patient's condition. Mostly an observation of the fractured part of the



body may not swell as expected or may excessively swell suggesting an abnormality which then calls for a form of divination in which written verses of Arabic or traditional symbols are read and the cause revealed.

These divinations which make use of literary arts are in many forms but for the purpose of this thesis, the following three divinatory forms which are most often used are discussed.

- a. Cosmogram
- b. A white talisman
- c. Recitation of special Koranic verses

### **3.10.3 Cosmogram**

Cosmograms used by the Gwollu Traditional Bone setters probably may be similar to the cosmogram of the Bakongo which is a type of writing scribbled on the ground while invoking the powers of the universe (Lecture notes by Dr. Osei- Agyeman – October, 2005).

However, the GTBS have transcribed theirs on papers for convenience of mobility. Gwollu cosmograms may be likened to Japanese and Chinese Symbols. It is most likely that some of the symbols resemble the Sultan Njoya's writings found in Cameroon (see plate 3.10.3a) for a sample of the Gwollu cosmogram.



Plate 3.10.3a: Cosmogram Writing

Field Survey, 2006

To successfully administer the Cosmogram, the GTBS must first purify himself, performing ablution, avoid sexual intercourse for a period and may fast so as to communicate with the spirits. A correct recitation of Koranic verses coupled with purity is believed to make the spirit reveal itself to the GTBS. Koranic or Islamic verses are:

Bisimilahi arahaman araheemi,

Astafirililihi – 100 times

Alahuma sanla – 100 times



Yama az, - 7 times

Mayazuri na – 100 times

### English Version

We start in the name of God,

The one that has no fault.

The God that has given each one the liberty to do what ever one wants.

God, who forgives.

I am calling upon the big one (Allah),

Through Mohammed.

Begging *Mayazurina* to come down and solve this problem

Descend, descend, come, and come. – 100 times

When the revelation is made, a prescription to the solution of the problem follows. This may be in the form of a sacrifice or alms giving. This then paves the way for the continuous treatment of the fracture.

#### 3.10.4 A white talisman (*Isabi*)

When he encounters a difficulty in making a diagnosis, the TBS resorts to the use of the *Isabi*. These are sacred words concealed in the talisman believed to have spiritual links with the invisible spirits. This is kept under the pillow and slept on over night by the TBS. It is believed that the TBS receives help in the form of visions and dreams which help him cure the patient.

According to the TBS, in order to access the dreams, he first has to be given the ‘spirit’ by expressing interest in him and praying before sleeping.

Dreams feature strongly in African spirituality. According to Ephram Donkor (1998) “when human activity ceases during sleep, the *sunsum* of the sleeping person continues its chores in the realm of the sacred activities that are a prelude to the course of events in the world of objectivity”. The talisman is embedded in a white leather or skin (Plate 3.10.4a).



Plate 3.10.4a: A white Talisman (*Isabi*)

Field Survey, 2006

### 3.10.5 Special Koranic recitation

When a patient is suspected to have little faith, the TBS scribbles “special” Koranic verses (see plate 3.10.5a) on metallic slates using medicinal ink made from (*Inari*) blackberry trees or roasted maize. They are washed into bottles and given to patients to be taken every morning and evening. It is believed that this will boost their faith in the course of treatment. Sometimes the TBS recites the verse a number of times on behalf of the patient (see plate 3.10.5b) with the aid of a ‘*tasiba*’.

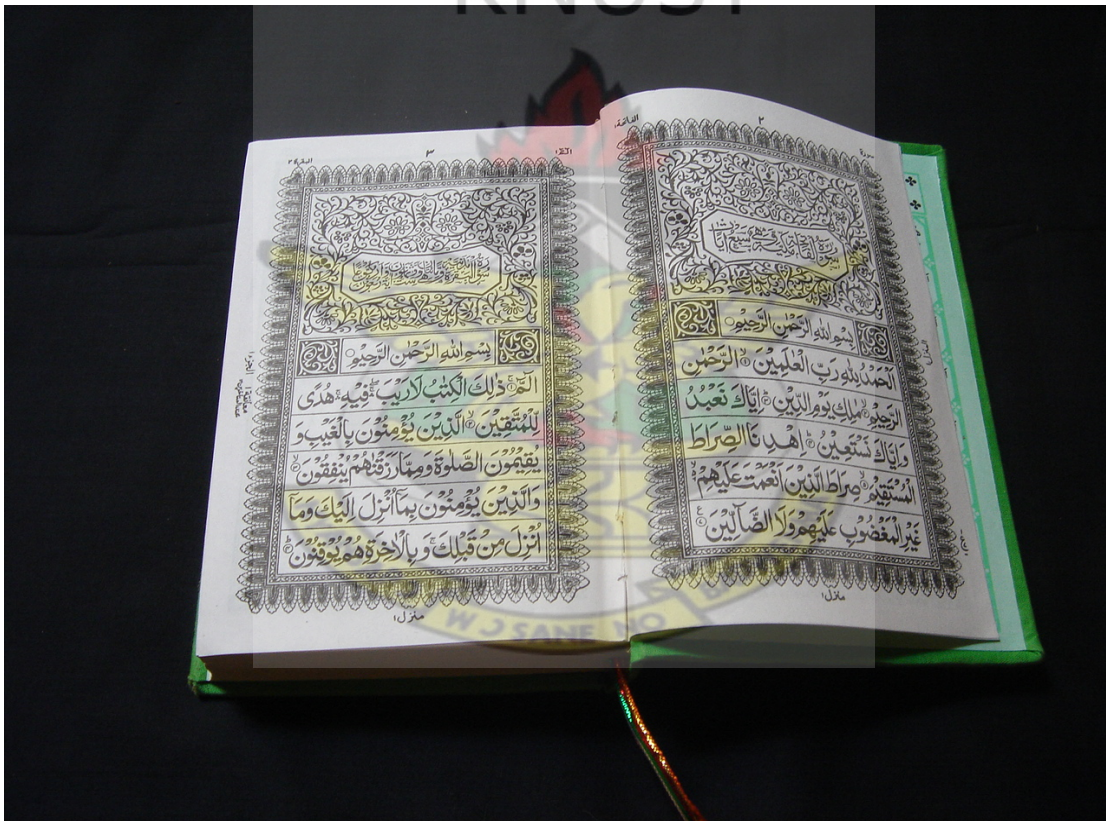


Plate 3.10.5a: Koran

Field Survey, 2006

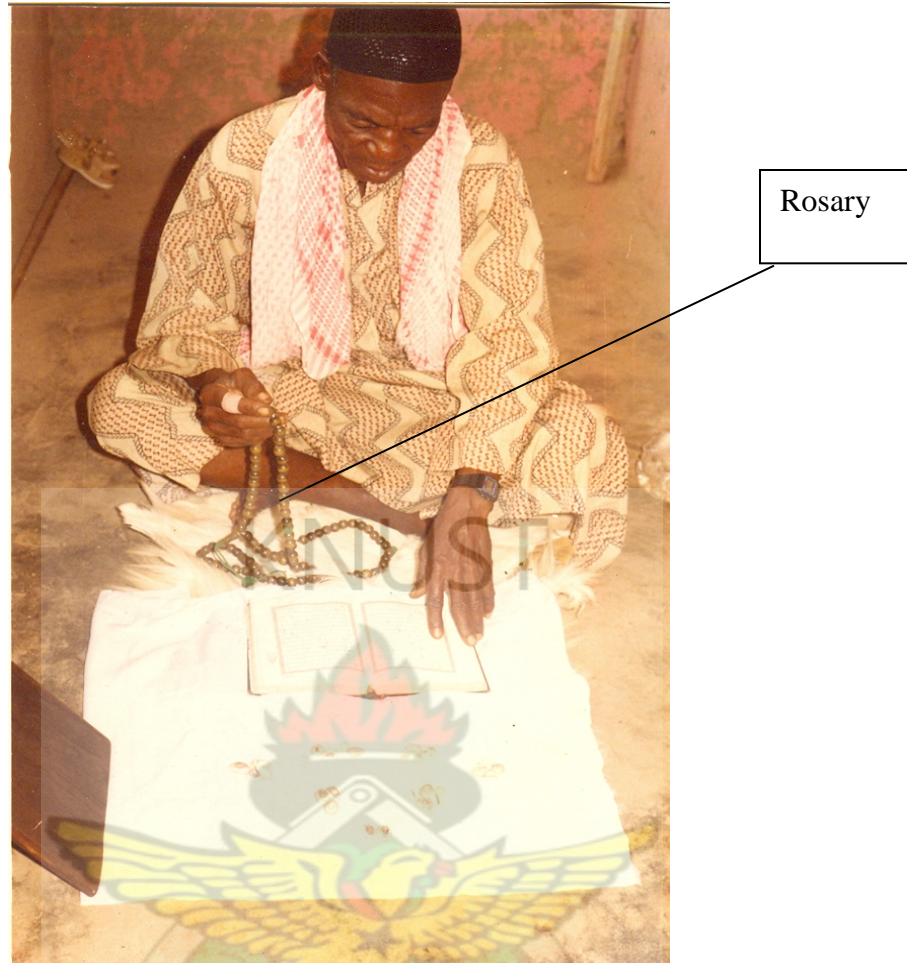


Plate 3.10.5b A TBS reciting the Koran with the aid of a *tasiba* (Rosary)

Field Survey, 2006

### 3.11 Body arts

#### 3.11.1 *Dasichi*

A special smock studded with talismans, called '*daschi*' is worn by the bonesetters of Gwollu. The 'smock' is of particular importance to medicine men spiritually. It is worn before communicating with the ancestral spirits. '*Dasichi*' is found among the Sissala people. The talismans studded in *dasichi* are believed to attract good spirits to the medicineman who wears it, whereon the amulets are thought to repel evil spirits from him.



When worn (see plate 3.11.a), the TBS is believed to exercise authority over his spirits and power to command them. He has the he gets power to command such spirits to abide by certain rules, so as to make the spirits accessible for healing. It is a taboo for an ordinary person to put on such a smock. It is always hidden.

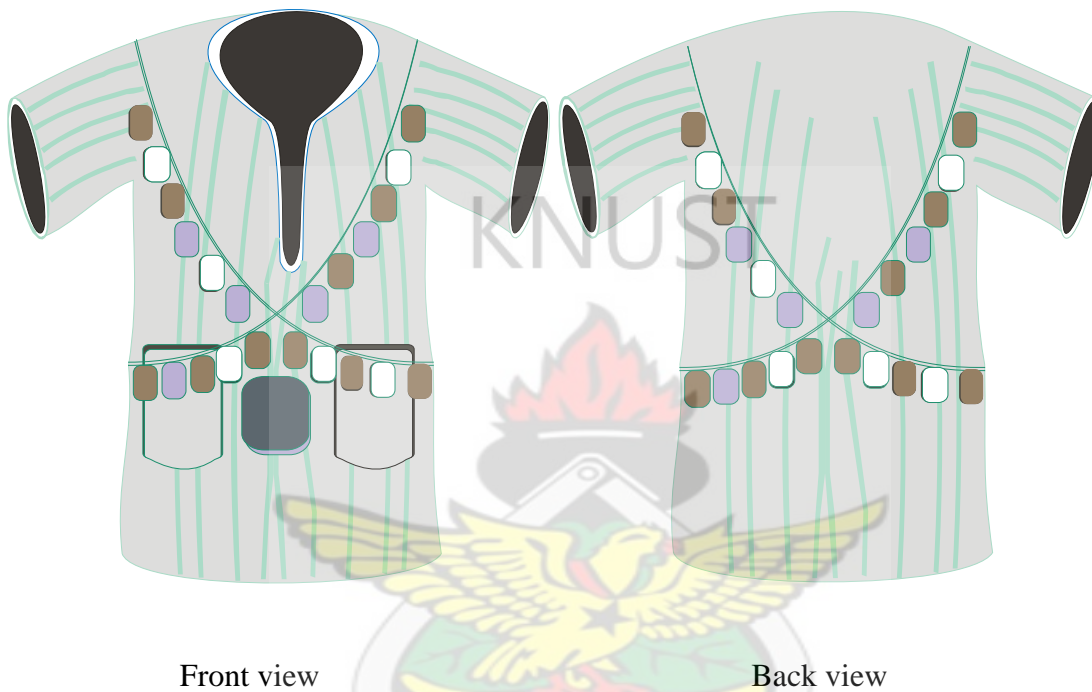


Plate 3.11.1a *Dasichi* (a special smock studded with talisman)

Field Survey, 2006

### 3.11.2 *Sawa*

This body artefact with supernatural protective medicines helps people to overcome fears because when worn, it is believed that the protective spirit residing in it, is always guarding the wearer from danger.



By wearing this object, the gap between the visible and invisible worlds is thought to be bridged and a balance created between the two worlds. Furthermore, when this object is displayed on one's body openly it instills fears into people. The *Sawa* used by the GBS are given to patients who normally hide them on their bodies. They may be in the colours of black or red (see plate 3.11.2a).



Plate 3.11.2a The *Sawa* (the black talisman)

Field Survey, 2006

### **Summary of the chapter**

This chapter has presented a brief account of Traditional Gwollu Bonesetting and also the various art forms employed by the Bonesetters to treat their patients. It has also touched on the activities at the centre. The next chapter will focus on analysis and discussion of the thesis.

## CHAPTER FOUR

### 4.0 Analysis of data and discussion

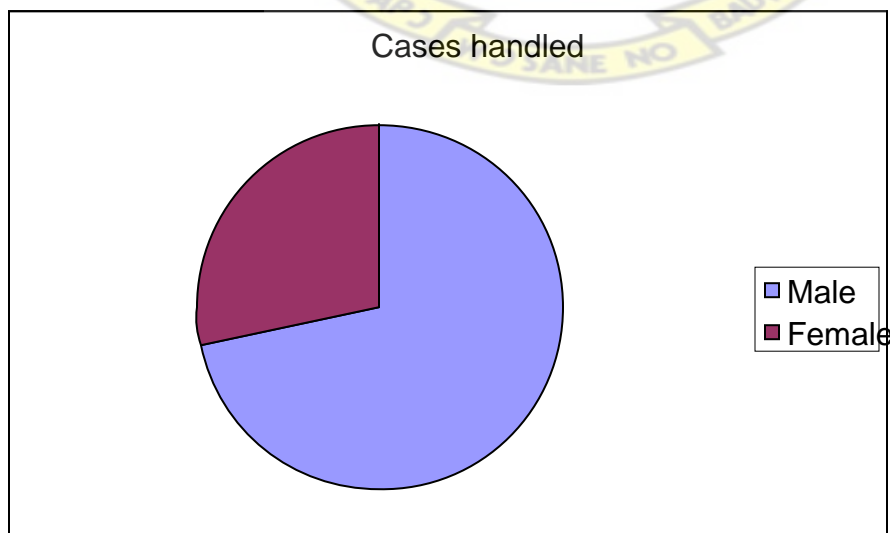
#### 4.1. Introduction

The previous chapter dealt with the Arts and Activities of Traditional bone Healing Centre at Gwollu. In this chapter the study will to discuss the findings from the centre in terms of patient patronage, types of fractures presented for treatment, success rate of cure, in and out patients' perceptions of the centres, the perception of other practitioners outside the district and problems encountered by the TBS

#### 4.2 Cases handled by Gwollu bonesetters

**Table 4.1: Cases handled by Gwollu bonesetters [2002-2006]**

Year	No. of patients	Male	Female
2002	257	206	51
2003	201	134	67
2004	207	182	85
2005	181	121	60
2006	299	219	80
<b>Total</b>	<b>1205</b>	<b>862</b>	<b>343</b>



**Fig. 4.1: Gender cases at Gwollu Bonesetters Clinic [2002-2006]**

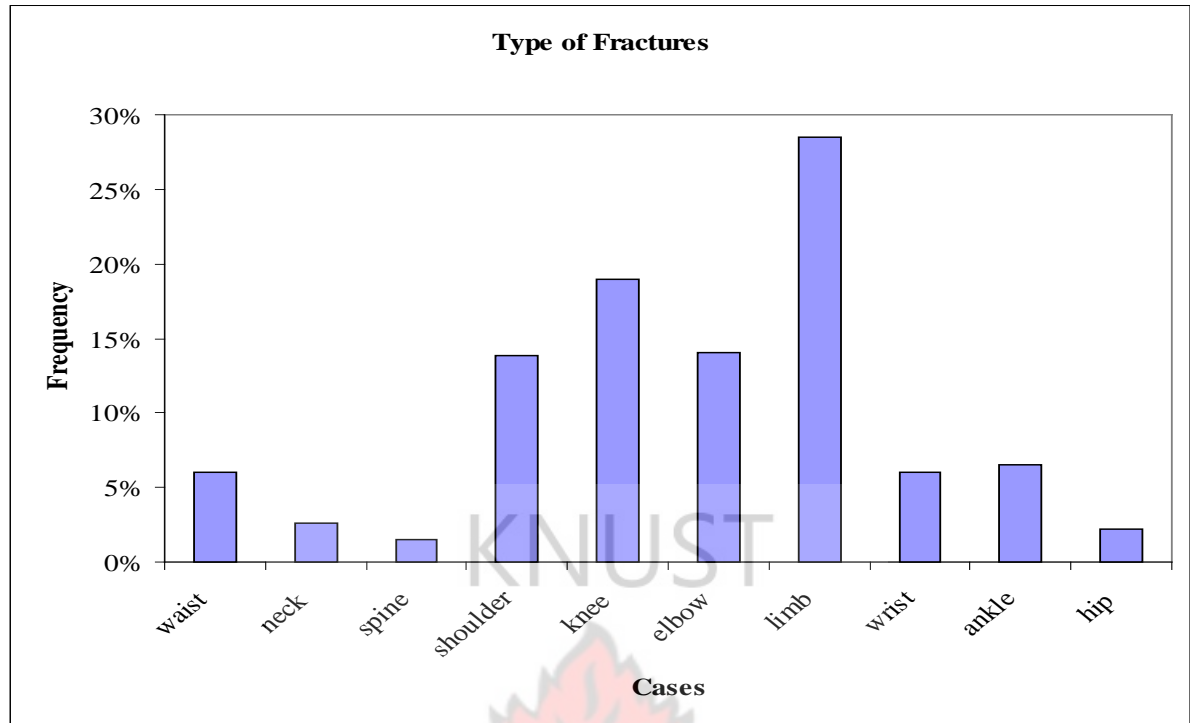
Over the years records have been kept on patient admissions at the Gwollu Clinic. Available statistics at the clinic shows that male admission accounted for about 72% (862) and females about 28% (343). Thus for the five-year period that the study covered, male patients outnumbered those of females by over 70%. The high number of male cases reported may be attributed to the hazardous nature of occupational activities of the men. Also in the Gwollu area, between November and March there are no farming activities. Because of that, men engage in hunting activities and that might have accounted for the high rate of fractured cases of men admitted to the clinic.

Activities such as small scale mining, hunting and trading which involve the use of vehicle such as bicycles, motor bikes and cars expose men more to occupational accidents that could lead to sustaining of fractures.

#### 4.3 Type of Fractures handled by Gwollu Bonesetters

**Table 4.2: Type of Fractures handled by Gwollu Bonesetters [2002-2006]**

<b>Types of fracture</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>Total</b>	<b>Percentage</b>
Waist	10	10	16	14	22	72	6%
Neck	8	5	5	9	4	31	2.60%
Spine	5	3	4	4	2	18	1.50%
Shoulder	40	25	31	29	41	166	13.80%
Knee	48	40	72	20	48	228	19.00%
Elbow	34	33	49	17	35	168	14.00%
Limb	60	51	77	58	98	344	28.50%
Wrist	24	14	6	11	18	73	6.00%
Ankle	22	12	7	13	24	78	6.50%
Hip	6	8	0	6	7	27	2.20%
Total	257	201	267	181	299	1205	100.00%



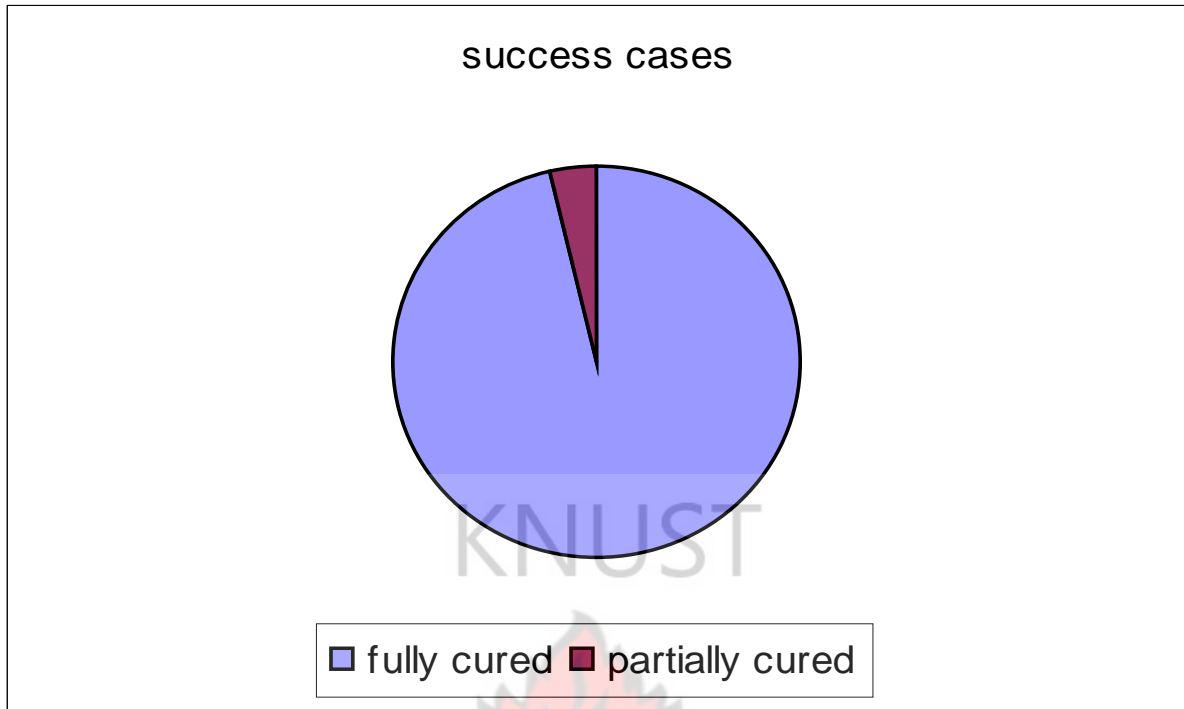
**Fig. 4.2: Type of cases handled by Gwollu Bonesetters [2002-2006]**

Limb fractured cases were the most treated cases at the clinic during the period under review. This accounts for about 28% of all cases. This was followed by knee, elbow, shoulder, ankle, wrist and waist cases, neck, hip and spine cases which are the least reported at the clinic because they rarely occur.

#### **4.4 Success cases of Gwollu Traditional Bone Setters**

**Table 4.3: Success cases of Gwollu Traditional Bone Setters [2002-2006]**

<b>Year</b>	<b>Total no. of patients</b>	<b>fully cured</b>	<b>% of partially cured</b>
2002	257	252	5
2003	201	190	11
2004	267	259	8
2005	181	167	14
2006	299	292	7
Total	1205	1160	45
%		96.30%	3.70%
		Fully cured	Partially cured



**Fig. 4.3: Success cases of Gwollu Bonesetters [2002-2006]**

Available records at the clinic indicate that about 96% of patients got fully cured after receiving treatment, that is to say there were no deformities or pains after they had gone through the treatment.

#### **4.4 Patients' perception of the centre**

When some in and ex-patients were interviewed on their perception of the centre the following revelations came out:

- (i) They have confidence in the Traditional Bone Setting Clinic and promised to advertise the treatment for other people to come to the centre for medication since they found their treatment to be complete, inexpensive and convenient



- (ii) They contended that they were treated very well by the Traditional Bone setter and his attendants. Because the relationship between the patients and the TBS was very cordial, they felt at home and went through the medication without any hindrance.
- (iii) The TBS also provide counselling services to the patients to ensure that they abide by the rules and regulations of the treatment to ensure speedy recovery.
- (iv) Osmanu Bello, a twelve-year old boy who had been in the Bolgatanga Regional Hospital for three months with a broken leg suffered when he was knocked down by a speeding car and now receiving treatment at the GTBS said “ I give praise to God and the TBS, I am confident in the treatment given to me”.
- (v) A mechanic on admission at the clinic who wants to remain anonymous also made the following comments “ Doctors at the KATH in Kumasi told me that the only solution was amputation before I was brought here, now I can walk with my two legs”
- (vi) The TBS’s latest patient on admission is a twenty one year old lady, a Tamale Polytechnic student who broke her leg in a motor accident said “ I feel convinced that I am in the right place because I have seen people who have been healed here”

#### **4.5 Perceptions of other bone setters outside the district**

A licensed traditional bone setter, Martina Nibenee (interviewed on the 16<sup>th</sup> November, 2006) lives with her husband at KNUST campus, Kumasi. She has been treating fractures of all kinds for over forty years using both herbs and spiritual incantations. According to her, bone setting has always existed in their family for as long as she can remember and she was introduced to it by her grandfather from Tom, a village near Nandom, Upper West Region. She goes home every December to perform rituals with regard to her practice and also to

collect the “medicine” for treatment of her patients.

Renowned in the area for the quality of her work, she sometimes treats over ten patients a week, some of whom are students of KNUST, other patients referred from Emena Hospital in Kumasi and surrounding villages. Some patients informed the researcher that some nurses of KNUST Hospital directed them to the traditional bone setter. Among the patients receiving treatment was a former Member of Parliament for Asokwa East – Alhaji Mohammed Moro who had a fractured arm from an accident. His fractured arm was first treated at KNUST hospital but was later referred to the Traditional Bonesetter since the injury could not be treated properly at the hospital. When a patient visits her with a fracture, she offers prayers (verbal art) to her grandfathers before applying the sheabutter/herbal mixture on the injury. She bandages (Body Art) it and puts pieces of wood around the bandage and finally uses another bandage to support the bone. She treats the injury with coldwater and sheabutter till the patient is healed. She has clutches to help the patients to walk. She only takes a hen and a calabash full of sheabutter before treatment. Nowadays in addition to the above charges, she takes a deposit of ₵40,000 from each patient to enable her pay for her license fees every year to the KMA. She however, takes whatever gift the patient offers her after treatment.

Braimah Wowom a traditional bonesetter at Techiman in the Brong Ahafo Region of Ghana, was interviewed on 3<sup>rd</sup> January, 2007 on the activities and practices of his bone setting clinic. According to him he has been in the practice since his father’s death in 1997. He claims, to have inherited the knowledge from his father. He uses herbs from his immediate surroundings to treat his patients. He claims to have served a large number of patients within and outside the region. He claims some of his patients receive unsatisfactory hospital

treatment but upon hearing about the quality of his work from his former patients, they come to him for secondary treatment. At the time of the researcher's visit, there were six men and two women on admission with various degrees of fractures. He treats all kinds of fractures, both simple and compound. When the researcher asked him if there is any spirituality attached to his practices, he answered in the affirmative but did not elaborate saying that certain secrets should not be disclosed. He, however, admits that prayer is an important aspect of the healing process and is the first step to link the spirit of the patient to that of God for treatment. This is done with the belief that diseases are caused by evil spirits and as such it is only the spirits that could diagnose and prescribe effective remedies for the illness. On his part he prayed to his grand father's spirit before and after the practice.

In the course of his practice, he demands a female hen and 60,000 as a token fee for the treatment. He does not fracture the leg of the chicken as seen in Gwollu and some parts of Nigeria. He contends that the amount taken is only used to purchase simple items such as sheabutter and other ingredients for the treatment.

When an injured person comes to him with a fracture, he first and foremost:-

1. Immobilises the fractured part by fastening it with sisal ropes, or bandages it to a Fracture bed and then washes the part with ordinary water before applying sheabutter to the affected part.
2. He then manipulates and massages the part thoroughly with the help of attendants who hold the patient firmly so that he does not struggle.
3. He wraps the affected part with cotton wool or *sangai*. Furthermore he arranges pieces of sticks tightly around the fractured part of the body and uses a piece of cloth (textiles) or

bandage to hold the sticks in place. This is done to ensure that the herb applied to the part is secured at the position to ensure effective healing.

#### **4.6 Further Discussions**

From the information gathered from the practitioners, it appears the practice of Traditional Bone setting is a family tradition and remains attractive and convenient to both users and non-users because it is relatively free of all inhibiting factors such as availability access, acceptability and adaptability and also guided by the severity of the fracture and the past experience of the 'clinic' as already stated in the literature review. (Marcel et al, 2007). This means that patients will continue to seek treatment of traditional bonesetters as their popularity attests to the quality of their practices in the lives of not only the people of Gwollu, but many Ghanaians as well.

The existence of the Gwollu Bonesetters, like most centres elsewhere, has a supernatural background and its methods of practices have a supernatural backing from the arts. This study is in agreement with what (Sigerist, 1997; Filer, 1996; Majino, 1995; Nunn, 1996) reported that the craft of bone setting has been practised since early in history, having roots among the Greeks and Egyptians and they were preformed with various religious incantations (Verbal Arts). This is further confirmed by Homola (1874) who reported that "Cato the Elder, a Roman Statesman practised bone setting by reciting incantations to his gods.

Vincent Aweh of Cape Coast in the Central Region of Ghana used Jesus's name in the course of his treatment.

Yaw Mahama of Moseaso in the Eastern Region of Ghana and Braimah Wowom of Techiman in the Brong Ahafo Region use Islamic incantations in their treatment. Probably the use of incantations (prayers) as a therapy in the practice of traditional bone setting, the appeal to a supernatural power, has been around for a long time.

Consistent with most traditional practices, Gwollu Bonesetters would not provide adequate explanation about how their practices work. They attach more spiritual backing to their work and thus making their understanding difficult. This fact is supported by findings of an earlier study on Maya bone setters of San Pedro in Guatemala which consider their practices to be innately tied to the divine (Mc Mahon, 1994).

In recent times however, the Gwollu Bonesetters merely plucked off ten of the tail feathers of a chicken instead of fracturing it's leg to represent the divine healing process. These findings differ from what has been reported elsewhere.

Probably one would be correct to conclude that some permission has been obtained from the healing spirit to allow a substitute (thus the use of tail feathers instead of the chicken leg).

Literary people will perceive this change as a result of modernity to relieve the hen of this cruel treatment.

The use of fowls alongside the treatment of fractured bones of humans is likened to modern medical practices where animals are used as experiments to test vaccines. The use of the chicken gives a psychological assurance of fast recovery when the patient sees daily the chicken moving about in the clinic.



Also, spitting three times on the tail feathers of the chicken by the bone setter and the male patient and four times by a female patient is probably unique to the centre only. Probably there are three spirits responsible for treating male patients and four spirits responsible for the treatment of female patients.

Mr. Issifu Abudu told the researcher that the use of chickens by traditional bonesetters probably was due to the fact that all households rear chickens and are readily available. Apart from that, they are cheap and within the means of everyone.

Over the years the Traditional Bone setting Clinic of Gwollu has undergone some modifications. For example, the construction of modern buildings for the bonesetters alongside the traditional building (*Luki*) is in line with modernity.

Similarly modern buildings have been provided to the traditional bonesetters of the Loagre No. 2 village in the Northern Region of Ghana by Prent University of Britain (Daily Graphic of 28<sup>th</sup> June 2005) to ease congestion.

An aspect of the modern accommodation is the psychological satisfaction on the part of patients due to cleanliness and comfort for patients needing a long period of admission. However, there is the belief by some people in the surrounding villages that modern accommodation and provision of electricity may possibly render the centre powerless because of the belief that spirits fear light. The researcher is of the view that the provision of electricity is for the modern buildings and not for the Traditional buildings where the actual healing takes place.

It has already been pointed out that Gwollu Bonesetters now use gentian violet and gloves.

They also use paracetamol. These findings are similar to that of the Bonesetters of Loagre No. 2 village in the Northern Region.

The introduction of wooden clutches at the ‘clinic’ already mentioned has come as a relief. Patients previously relied on the traditional walking sticks (*daduka*) for movement. These were shaped to one specification making their use inconvenient for tall patients. With the wooden crutches, now patients have a choice to make from the different sizes that are found at the ‘clinic’.

The use of art objects such as the talisman (*sawa*) may deter people who do not share the religious and cultural beliefs in such objects from receiving treatment at the clinic. Some people do, however, see the psychological relevance of these art objects for example, the wearing of the *sawa* and the drinking of the ‘*rubutu*’ (liquid concoction) is like the taking of the ‘Holy communion’ and the wearing of the cross by some Christians. To the Christians, the taking of the “Holy Communion”, the wearing of the cross and the believing in the miracles of angels or saints are to rekindle one’s faith in Christ for getting cured from illness. Probably patients who come to the bonesetter may be aware of these arts but because the ultimate aim is to be cured, they turn a blind eye to these.

It appears from this discussion that traditional bone setting practices at Gwollu are similar to practiced in other parts of Africa and the world at large.

The use of art in traditional bone setting is the key to the success of the treatment. This is because; there are no laboratories in traditional bone setting system. The arts thus become the laboratories. All the various art forms mentioned earlier, apart from helping to reveal the cause of the problem, also help the bone setters to prescribe a solution. The only problem is

that, the way the practitioners deal with these arts spiritually and it is shrouded in secrecy. It would do Ghanaians a lot of good if the services of traditional bonesetters are officially recognised as part of the health delivery system.

#### **4.7 Problems of the centre**

When the researcher interviewed the Gwollu traditional bonesetters to find out their problems, three problems came out prominently. These are:

- (i) Insufficient accommodation
- (ii) Insufficient funds to run the centre
- (iii) Insufficient water

The practitioners complained of insufficient accommodation which is affecting their work. This is because patients on admission to the clinic are supposed to adhere to certain rules and regulations. Those who cannot be accommodated at the centre have to look for accommodation of their own and report daily for treatment. This makes it difficult to monitor the activities of such patients which sometimes prolong the time for healing. In some cases as many as six people share a room normally used by two patients; this also affects their health.

Because the centre is run on humanitarian basis, there are no sufficient funds for them to purchase basic necessities such as disinfectants, soap, mattresses and beds.

The bone setters' centre is about a quarter of a kilometre from the nearest borehole. Because of that patients have to rely on nearby houses or hired labour to fetch water for their use sometimes they had to compete with people at the borehole because it is the only source of water in that particular locality.

The bone setters do not have wheel chairs for carrying their patients in and out of the ‘wards’ for the treatment and therefore have to carry patients physically with their hands. Also, they lack gloves as they use their bare hands in the examination and treatment of the patients. This poses a great danger to the TBS and the patients in this era of the HIV/AIDS pandemic.

There are also no beds for the patients, as such patients sleep on the floors and others prefer staying at the nearby villages where they find comfort and come for treatment on daily bases.

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## **CHAPTER FIVE**

### **5.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

The previous chapter dealt with the Arts and practices involved in the healing of the Gwollu Traditional Bone Centre and discussed the significance of the various Art forms associated with the practice. This chapter highlights the major findings upon which the recommendations are made and a final conclusion drawn.

#### **5.2 Summary**

Traditional Bone Setting Services are well preserved as a family practice and training is by apprenticeship. There is no prescribed fee and patronage is high. Each patient gives what he can afford as an offering because it is said that the spirits will desert the centre and make the 'medicine' powerless or in some cases make the practitioners mad or die when charges are introduced into their practices.

These centres render invaluable service to the people in their neighbourhood and beyond because of their affordability, accessibility and reliability.

Fractures are diagnosed, reduced and stabilised with external traditional splints and the patient immobilised for a period of time.

Traditional bonesetters generally employ the Arts in all aspects of their practices without which the healing will not be possible.



### 5.3 Conclusions

Traditional bone setting is a world wide practice among all societies of the world. It is mostly a family practice handed down from generation to generation by oral tradition. Traditional bonesetters' use religious incantations as well as art objects in diagnosis and treatment which help them achieve their desired results.

There is an indication that there is a strong belief among the people that illness or misfortune is caused not only by physical objects but have spiritual connotations as well. Hence to be able to cure illness completely, one needs to resort to the physical as well as the supernatural healing powers for complete healing.

From the study, it could be seen that most cultures, particularly in Africa patronise the services of traditional medical practitioners especially traditional bonesetters for their affordability, easy accessibility as well as convenience. This is evidenced by the number of traditional bone setting clinics dotted all over Africa

The Gwollu bonesetters like most traditional medical practices is shrouded in secrecy and involve the use of spiritual as well as simple and readily available material artifacts.

The Gwollu bonesetters employ various art forms, Visual, Verbal, Performing, Literary and Body arts as vehicles through which the supernatural can be approached.

In recent times however, the Gwollu Bonesetters merely plucked off the tail feathers of a black chicken instead of fracturing it's leg to represent the divine healing process.

Over the years the Traditional Bone setting Clinic of Gwollu has undergone some modifications. They include the construction of modern buildings for the bonesetters, electricity, modern wooden crutches and bandages.

The study shows that there is an unbreakable bond between the beliefs of the traditional people in their traditional healers and the positive results obtained from their practice every year.

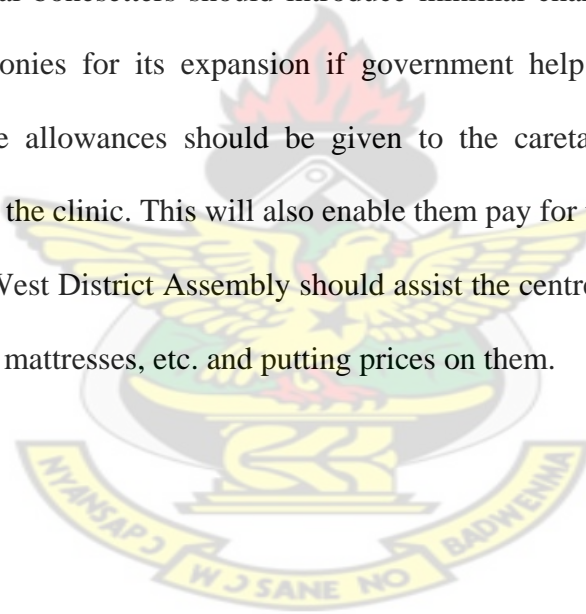
The arts and practices of the Gwollu Traditional bonesetters have been well documented for future references. It is hoped that this research will pave the way for further research into other aspects of the Gwollu Traditional Bone Setting Clinic especially now that the government has shown interest in traditional healing and has recognised the formation of the Ghana Traditional Healers Association (Daily Graphic, February 1, 2007, pg. 16).

#### **5.4 MAIN RECOMMENDATIONS**

- The Sissala West District Assembly should document the arts and activities of this 'Clinic' by video and photographs.
- The Sissala West District Assembly should upgrade the centre into a modern clinic by expanding the existing structures, providing it with water, toilet facilities and electricity and making it a model traditional clinic to attract more patients from within and outside the country
- The KNUST Department of herbal medicine should adopt the centre as a campus for research into plant medicine where students can be trained in traditional bonesetting and by doing this the practices of the centre would be safeguarded.

They will also be in a position to look at the chemical component of the herbs.

- A suggestion has been made to the operators of the centre by the researcher to contact the Mampong Centre for Research into Plant Medicine to help them modernise the black substances and liquid potions using modern technology .The Sissala West District Assembly should apportion part of the poverty alleviation fund for the purchase of local bricks to re-inforce the structures to make them attractive and also provide it with modern facilities to attract potential tourist to the centre.
- The community leaders and the Sissala West District Assembly should enforce existing laws that seeks to protect the environment.
- The traditional bonesetters should introduce minimal charges at the clinic, this will help raise monies for its expansion if government help does not come from the charges some allowances should be given to the caretakers to make them more committed to the clinic. This will also enable them pay for their utility bills.
- The Sissala West District Assembly should assist the centre by providing basic things such as beds, mattresses, etc. and putting prices on them.



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## APPENDICES

# GENERAL REQUIREMENTS





A newly acquired musical instrument  
( Sissala *chemi*) being tested by a praise singer

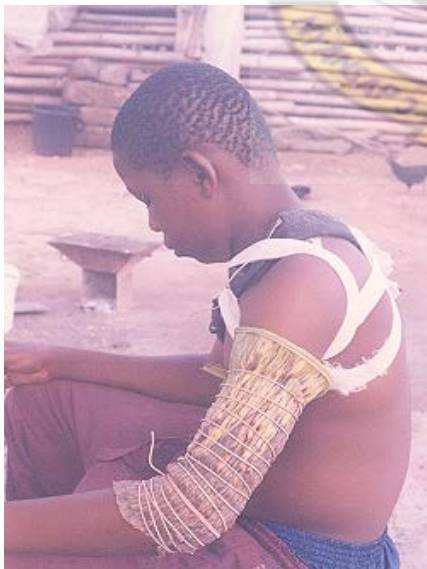


A patient with a broken thigh about to  
be treated by the TBS



Bicycle tube used to  
support the shoulder

A bicycle tube used as an improvised  
bandage to support a fractured should



Upper arm and shoulder treatment by a TBS



A TBS treating a patient



An earthenware water storage for chickens brought to the GTBS clinic



Fresh herbs collected into a basket ready for use in the 'clinic'

KNUST



A TBS treating a patient



A TBS treating a 3 month baby



A TBS treating a patient



A TBS treating a patient



A TBS treating a patient



A patient using crutches





The fly whisk is held by a small boy directly behind the patient. As the treatment goes on, he waves the fly whisk from side to side believed to be expelling possible bad spirits that would hover around the victim. It is made from a horses' tail and decorated with talisman and amulets.

*Duwa* (fly whisk)



A patient using crutches



A patient using crutches



A patient using crutches



A group picture of patients at the clinic



# TRADITIONAL BONE SETTERS OF GWOLLU (TITUOWALA) IN PHOTOS

DESIGN & ARRANGED BY BUKARI DARIMANI  
FORESTRY RESEARCH INSTITUTE OF GHANA (CSIR-FORIG) UST, KUMASI

