

Full Length Research

A Phenomenological Survey of the Challenges Of TIV Traditional Medicine In The 21st Century

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The paper A Phenomenological Survey of the Challenges of Tiv Traditional Medicine in 21st Century is motivated by the fact that several scholars and researchers have in the past presented the challenges confronting Tiv Traditional Medicine (TTM) without any illustrations to back up their claims thus making the issue sound so far and remote in the imagination of their readers. This paper attempts to deviate from the past by presenting pictures gotten from field work over time. The paper uses the phenomenological and descriptive methods. For data collection, both primary and secondary sources were used. In the primary source Tiv Traditional Medical practitioners were engaged in oral interview; while pictures were used for illustration in the Phenomenological Approach. In the secondary source data was obtained from published sources including journals and books. The paper established that although TTM has made inroads into the healthcare delivery system in Nigeria, it is still bedeviled by certain challenges. Some of these challenges presented pictorially include: Lack of gurneys/stretchers, unregulated sharing of pastes/sharp objects, and the absence of sterilization of medical equipments. Other challenges are unhygienic environment, lack of ambulances/air ambulance to convey patients, accommodation amongst others. All these challenges have pooled a combined force that has greatly impeded the smooth growth and development of TTM from reaching its full potentials in the healthcare delivery system. The paper suggests that to enhance the practice of TTM towards its contribution to the healthcare delivery system, these challenges are to be tackled by the regulation of sharing pastes, sharp objects, the sterilization of traditional medical equipments and censorship from the National Agency for Foods Drugs Administration and Control {NAFDAC}. The paper concludes that not everything 'traditional' that is bad and to be done away with. In this perspective the un-warranted attacks of Traditional medicine from orthodox medical practitioners and the modernizing agents of Christianity and western education should cease. TTM is Tiv indigenous knowledge system which should be allowed to develop to its full potentials like Japanese, Indian and Chinese medicines. Undoubtedly, TTM has contributed to the Heath care delivery system in Nigeria. TTM is available, affordable and cheap therefore; a synergy should be sought between TTM and Orthodox medicine to complement each other. TTM the paper believes emphatically is efficacious despite the challenges confronting it.

Key words: Challenge, Tiv Traditional Medicine {TTM}, Phenomenological, Survey, Medicine.

INTRODUCTION

Medicine is an important concept to humans and animals, as far as the restoration of health is concerned. As a result of this, the concept has attracted the attention of scholars in the medical and

other related fields of study associated with health, particularly human health. Medicine is any substance which is administered to man or animal to affect a cure or prevent an ailment.

Tiv Traditional Medicine (TTM) on the other hand is the medicine obtained from the barks of trees, roots, shrubs and animal substances. TTM has contributed tremendously to the healthcare delivery system playing complimentary role to orthodox medicine. There are several ailments which defy orthodox medicine which are treated better with TTM. These include *ishombon*{fractures}, *iyav mbu moron*{ascites}, *akpiti*{arthritis}, *kwambe* {whitlows}etc.

Undoubtedly, much has been written on the challenges of TTM and African Traditional Medicine (ATM) generally. However, there seems to have been obscurely discussed without any concrete evidence to back up such claims. In the course of my field work by Staff and students of the Department of Religion and Cultural Studies, Benue State University, Makurdi over a period of time we came face to face with the stark reality of the challenges confronting TTM. This has prompted me to carefully develop this paper so as to present these challenges in a phenomenological format using pictorial illustrations to paint a vivid picture of these challenges for better appreciation.

The questions that come to mind are why have these challenges been allowed to linger for so long without commensurate effort to mitigate them? Could it be that the initial method of presenting the problem without any concrete back up was responsible for the situation? A Phenomenological Survey of the problem confronting Tiv Traditional Medicine (TTM) is set to spur relevant stake holders concerned with health to explore ways of curbing these challenges for TTM to attain its full potentials and offer effective and efficient healthcare for the generality of the Tiv and the healthcare delivery system in Nigeria especially in an era that almost every person appears to be sick and in dire need of medical attention. This is possible with TTM which is cheap, available, affordable, and natural without toxins.

Conceptual Issues

The following concepts which appear in this paper refer to:

Medicine

Wit defines medicine as substances given to humans and animals for the treatment, prevention, or diagnosis of illness. According to him medicines can relieve pain or other suffering and improve and control abnormal conditions of the mind and body by altering the basic bodily functions necessary for life (274). Akpaamo explained that it is a discipline or branch of

science which deals with disease and its prevention and treatment (26). To the New Encyclopedia Britannica, a drug or medicine is a chemical agent that affects the functions of living things. Medicines are used in treating, diagnosing, and preventing diseases (673).

For Shishima medicine is any substance either natural or synthetic that is used to modify or explore the physiological, pathological, or psychological state of the recipient (71). Bolander et al see medicine as any preparation or substances used in the treatment of disease. They further maintained that it is the science of the prevention and cure of disease and of health preservation. They also posit that the branch of this science deals with curative substance rather than with surgery and obstetric etc (621). Dopamu defines medicine as the art of using the available resources of nature to prevent, treat, or cure diseases. He further pointed out that it is the art of restoring and preserving health by means of medicament. Medicine he maintains is therapeutic (curative) and prophylactic (preventive), (4). Adegga and Apenda on their part contend that medicine refers to any substance(s) that is used for the treatment of an illness. They are of the view that medicine can be in syrup (liquid), tablets or powdery forms (83). Ogugua and Metala point out that medicine can be administered in different ways such as:

- i. **Through the skin;** in which medicines can be applied directly to the skin in the form of a powder, cream, lotion, ointment or solution and may be absorbed by the body (275).
- ii. **Injections:** Medicines and drugs can also be administered through injection. Injections cause medicines/drugs to enter body tissues or fluids directly; this can be under the skin while most are given into the muscles. The movement of the medicine in the muscle is rapid because most muscles contain many blood vessels (275).
- iii. **Intestinal tract:** The alimentary canal begins in the mouth. Therefore some drugs and medicines passed from the mouth to the stomach.
- iv. **Respiratory tract:** the administration of drugs and medicines through this procedure involves using the nasal passages, which are linked with mucous membrane. The lungs have large areas of tissue into which anesthetic and other gases may be absorbed.
- v. **Other routes:** Drugs and medicines could gain entry into the body and into circulation whenever an absorbed surface is available. In this understanding it is therefore possible for drugs and medicines to be absorbed through the vagina/birth canal, the lining of the eyes or the lining of the urethra (275).

Tiv Traditional Medicine {TTM}

Tiv Traditional Medicine (TTM) is a branch of a more versatile African Traditional Medicine (ATM). It is also today referred to as alternative medicine. Tiv Traditional medicine is as old as when the Tiv became subject to illness after creation. Tiv traditional medicine arose out of man's urgent need. It came into being as a result of man's attempt to conquer his/her physical environment such as animals, natural phenomenon and disease.

Tiv Traditional Medicine includes objects or materials which exercise remote and magical effects on other objects; drugs for curing or preventing disease as well as recipes with magical efficacy. By this understanding, Tiv traditional medicine can be used to heal, kill, or secure health and fertility. The essential ingredients of medicine are trees, plants or herbs, leaves, roots, fruits, barks, grasses, and various objects like minerals; dead insects, feathers, shell, eggs, sometimes animal matter and incantations and prayers.

Ityavyar confirms that the traditional medicine practitioner does not only treat a person's disease, but attends to the person wholistically. Though he/she uses vegetables, herbs, animals, and mineral substances as medicine for cure, he goes beyond that. The cultural knowledge and community's norms and values are used to interpret the cultural, social, magical, psychological and the physical environment of the patient which had caused the illness. That means, unlike biomedicine, healing in African culture tries to reach deep into the cause of illness. Therapy does not only deal with biological malfunction, the patient is advised on the underlying cultural, political, and economic issues in his family or community which predisposes the victim to ill health (*Conceptual Perspective* 58).

Aghamelu views that the western idea of medicine and the traditional African/Tiv conception differ in scope. According to him, in the traditional/Tiv sense (medicine) refers to a wholistic view of well being, while in the western sense it is strictly limited to bodily therapeutic purposes (74). The idea here is that in the wholistic perception of medicine by the African, spirituality plays preponderance of role in the use and application of medicine (74). According to Aghamelu African/Tiv traditional medicine includes besides, materials whose alleged efficacy goes beyond the treatment of ailment or prevention of diseases to include objects or materials which exercise remote and miraculous effects on the efficacy of other objects (75).

Challenge

This refers to a clog, an impediment or obstacle to the success and smooth operation of something. It is the difficulty associated with doing something or performing an expected task. With reference to the issue under discussion challenge refers to the difficulties associated with the practice of Tiv Traditional Medicine (TTM).

The Practice of Tiv Traditional Medicine {TTM} in the Past

Tiv Traditional Medicine (TTM) is as old as the Tiv themselves. The practice of TTM came into being as soon as the Tiv became feeble and frail due to infirmity, ill health and old age; thus needing some form of medicine for the restoration of his/her health. TTM at its inception was purely made up by the products of nature such as barks of trees, shrubs, roots, stones, sand and animal matter. TTM was not influenced by modern or orthodox medical practice as it has being today.

The practice TTM in the past was generally crude in nature. It was characterised by the observance of rituals, sacrifices and secrecy. This period was also characterised by the unregulated use of and sharing of sharp objects like circumcision knives and needles for the piercing of ears. Also, at this stage of the development of TTM, the practice was more of humanitarian than monetary. This means that the emphasis was not on money; thus, the *or twer* (medicine man/healer) could collect hi/her pay in kind such as in food products, strand of grass or piece of cotton from the patients piece of clothing etc.

As Shishima succinctly notes, by its nature TTM derives its strength and appeal not just from its efficacy but also from the wholistic worldview of the Africans and Tiv in particular. In contrast to the Cartesian worldview which informs orthodox medicine by which the world is viewed purely in physical terms and the body as separated from the mind ("African Traditional medicine and Globalization"... 110).

In the Tiv worldview which is wholistic, disease infirmity and ill-health is often attributed to physical causes like pathogens, bodily trauma/stress, recklessness, and/or neglect as well as spiritual causes like sin, witchcraft, sorcery, and/or the will of the ancestors and deities. The colonialists, backed by the missionaries and Tiv converts to Christianity outlawed TTM practices due largely to misconceptions (110). These issues affected the smooth development

and objective and legitimate research into its efficacy of TTM.

The Practice of Tiv Traditional Medicine {TTM} at Present

It is an undoubted fact that Tiv Traditional Medicine {TTM} has come a long way in origin, growth and development. Indeed, TTM has made significant and considerable impact on the health needs of the Tiv and the healthcare delivery system in Nigeria generally. TTM has evolved from crude to a more refined stage. It is still evolving and is gaining acceptance from most people who patronise it.

TTM is cheap, affordable and accessible and it is not toxic as it is produced from the available resources of nature. There is a renewed interest in TTM by both the Tiv and *ato atiev* (non Tiv) alike. Most Tiv depend on it for their healthcare needs especially as orthodox medicine and drugs are costly and unaffordable by the Tiv who live on less than a thousand naira a day. TTM takes care of both the physical and spiritual aspects of the person and is by this attribute wholistic in its approach to the restoration of health of the patient. This is opposed to orthodox medicine which is concerned with the physical attributes of the patient thereby neglecting the spiritual aspect. In line with taking care of the dual nature of the person, traditional medical practitioners dig into the history of the patient, his/her family background to be able to get adequate information towards better diagnosis and prescription.

Where a practitioner is unable to handle a situation he/she refers the patient to a more competent healer or medicine man/woman. TTM is also specialised today and this has greatly curtailed instances where a healer or medicine man treats all kinds of illnesses. Thus some practitioners of TTM are specialised in skin, eye, ear, dental, gynecology, children or male oriented health issues. In recent times there has emerged corroboration between TTM and orthodox medicine (OM) even if informal. In this informal scenario patients are referred to traditional healing homes to traditional medical practitioners for health conditions which defy orthodox medical practice.

For instance, traditional health practitioners treat fractures which heal faster and better with traditional healing methods compared to orthopedic hospitals where most often such fractures end in amputation. Other health challenges which are treated better with TTM include: *Kwambe/Dagi* (whitlows), *Akpiti* (arthritis), *Usu* (shingles), *Iyav mbu moron* (swollen stomach/ascites) etc.

Significant changes have also been noticed in the production of TTM in recent times. Medicines and drugs are now packaged in sachets, bottles or conserved in tablet forms as opposed to the early irregular storage system. This means that medicines can last longer and instead of the conventional storage in earthenware pots, bottles are used. Also, most products of TTM are now registered by the National Agency for Food Drugs Administration and Control (NAFDAC). Some of the practitioners of TTM also use hand gloves, surgical equipments/scissors, patients' card, x-ray, dressing of wounds, scanning, laboratory tests and results, injections and the use of analgesics to relieve pain especially in fracture patients. All these have enhanced the safety of TTM and prevent contamination from the environment.

Despite the steady progression made by TTM and its acceptance by most Tiv it is still replete with some fundamental challenges that need to be addressed to enhance the practice and its acceptance by the people. Some of the challenges faced by TTM today as enumerated by practitioners can be seen from the succeeding discussion. Zaki Shagwa Dze explained that water is one of the major challenges of his orthopedic healing home. He pointed out that during the dry season women/children travel long distances to fetch water which he uses in boiling herbs for massaging fracture patients. These children sometimes miss attending school and the women their farm work while the patients also spend considerable time at the healing home (Oral interview). He called on the government and public spirited individuals to assist him by sinking a bore hole. Zaki Shagwa Dze further called for a synergy between traditional healing homes and orthodox hospitals where patients would be given injection in his healing home without necessarily moving them to hospital {Oral interview}.

Abraham Orter stated that lack of gurneys/stretchers to move his patients from one location to the other greatly affects his efficiency and the practice of TTM generally. Another problem that affects the smooth operation is lack of finance to enhance his practice of TTM to erect befitting structures in the healing home to adequately accommodate his patients. According to him, his patients stay in the open and under tree shades in the afternoon and when it rains, treatment is delayed {(Oral interview)}. Apenda and Adegga corroborated this when they observed that the problem of structures and befitting accommodation is a major challenge of TTM where in some instances the referral hut is both the medicine man's parlour/bedroom which he shares with his goats and chickens ("Constraints and challenges"... 363).

Thaddeus Agbela laments governmental neglect of practitioners of TTM. He averred that on several occasions the Benue State Government made promises to assist him; but such promises did not materialize including the one made by former Governor Gabriel Torwua Suswam. Other public spirited individuals had made promises which they did not redeem. All these have affected his efficiency and his capacity to feed and carter for some of his patients who are poor or those without any one to care for them {Oral interview}. Furthermore, Thaddeus Agbela expressed dismay with the wave of attack which greets his practice coming from some orthodox medical practitioners and some Christians who condemn TTM as *juju*, idolatry and fake, making all kinds of insinuations {Oral interview}. Adegga and Apenda noted that the condemnation of TTM by orthodox medical practitioners and Christians is not for want of efficacy by TTM but merely because on the issue of faith hence the use of rituals, divination and sacrifices {"Christian Attitude"...84)

The major problem faced by Zaki Myamcie Mzahan is that of transportation. He stated that as an orthopedic healing home the availability of ambulances, stretchers is imperative hence some of his patients become demobilized because of the compound fractures from accidents. He reasoned that moving such patients on benches to the treatment area is risky as they could roll over further compounding their health conditions. He reasoned that with adequate finances he could procure vehicles, provide befitting accommodation and adequately feed his patients (Oral interview).

A Phenomenological Survey of the Challenges of Tiv Traditional Medicine (TTM) in the 21st Century

Phenomenology is from the word phenomenon (plural phenomena) which comes from the Greek word for appearance and is generally understood to refer to an observable object or event, something that appears to the consciousness (Wren 225). Anyacho explains that many phenomena exist in Religion. According to him, the Phenomenological method or approach attempts to study religious phenomena one by one with the aim of providing a good descriptive study devoid of value judgment (24).

The phenomenological method emphasises 'methodological neutralism'. As such the basic attitude a scholar should possess is that of neutrality. Therefore, the phenomenological method presents facts the way they are without passing any value judgment. MacQuarrie identifies Gerardus Van der

Leeuw as the chief proponent of the phenomenological method (137). Adegga infers that the phenomenological method presents Phenomena the way it is without distortion or biases (1)

The Phenomenological survey of the challenges of TTM in the 21st Century is presented in eight (8) sections which explain the challenge in each of the plates in that section. The challenges section by section include: Aging/death of TTM practitioners, lack of ambulances, lack of gurneys and stretchers, lack of orthopedic beds and chairs for patients and visitors as well as unhygienic medical environment at TTM healing homes. Other challenges are lack of accommodation for patients and storage facility for herbs, the unregulated sharing of pastes and other medical appliances of TTM and Unsterilised TTM medical equipments.

Section 1: Aging/Death of Tiv Traditional Medical Practitioners



Plate I: Zaki Shagwa Dze an aging Traditional Medical Practitioner at Ikyogen Traditional Orthopedic healing home, Nyiev-Mbanoughul, Guma Local Government Area of Benue State. Due to the influence of modernizing agents of Christianity and Western Education young people are no longer willing to take after their parents in the art of traditional medicine. The trend has created a vacuum in the line of transmission of the knowledge of Tiv Traditional Medicine to the youth in Tivland.

Source: Field Trip Observation, 17th September, 2015.



Plate II: An aged Traditional Orthopedic Healer attends to a patient at Ikyogen Traditional Orthopedic healing home, Nyiev-Mbanoughul, Guma Local Government Area of Benue State. Tiv youth no longer fancy the art of Traditional Medicine but have mostly taken to western education. This scenario leaves Tiv Traditional Medical Practice in grave danger of going into extinction as the elderly practitioners often die without any one to pass the knowledge to.
Source: Field Trip Observation, 17th September, 2015

Section 2: Lack of Ambulances

Plate III: A man conveys his son to the healing arena at Ikyogen Traditional Orthopedic healing home, Nyiev-Mbanoughul, Guma Local Government Area of Benue State in a wheel barrow. The absence of ambulance has resulted to the unconventional means of transporting patients to traditional healing homes. Technological and Medical advancement being experienced in orthodox Medical Practice in the use of ambulances/air ambulances is yet to manifest in Tiv Traditional Medical practice.

Source: Field Trip Observation, 17th September, 2015.



Plate IV: A fracture patient being removed from a wheel barrow at Ikyogen Traditional Orthopedic healing home, Nyiev-Mbanoughul, Guma Local Government Area of Benue State. It is to be noted that the patient's condition could worsen as a result of this unconventional method of transporting patients to healing homes in wheel barrows, Bicycles are also common phenomenon associated with Tiv Traditional Medical practice. In some cases, pregnant women had delivered on the way long before reaching Traditional Birth Attendants {TBA} or the nearest health centre.

Source: Field Trip Observation, 17th September, 2015.

Section 3: Lack of Gurneys/stretchers

Plate V: An orthopedic patient Iorkyaa Francis being moved to the treatment area on a bench at Zaki Benjamin Myamcie Mzahan's healing home at Akpehe, Logo II, Makurdi Local Government Area of Benue State. Tiv Traditional healing homes lack Gurneys and stretchers' for moving patients in critical condition. Note that the patient could roll over the bench where the bearers stumble or miss a step.

Source: Field Trip Observation, 19th September, 2016

Section 4: Lack of Orthopedic Beds and chairs for patients/Visitors



Plate VI: An orthopedic patient being examined by the healer Zaki Shagwa Dze at Ikyogen Traditional Orthopedic healing home at Nyiev-Mbanoughul, Guma Local Government Area of Benue State. Lack of orthopedic beds makes it imperative for the patient to sit on a plank flanked by the healer and sympathisers.

Source: Field Trip Observation, 17th September, 2015. Note the researcher bent with book in hand watches the healer observing the patient.



Plate VII: While some patients and the healer sit on tree stumps, visiting staff and students of the Department of Religion and Cultural Studies, Benue State University, Makurdi on study tour stand at Ikyogen Traditional Orthopedic healing home at Nyiev-Mbanoughul, Guma Local Government Area of Benue State. Beds and Chairs are lacking for both patients and visitors.

Source: Field Trip Observation, 17th September, 2015.



Plate VIII: A care giver tries to control a lady with mental illness (schizophrenia) in a hut at Luga-Mbayion, Gboko Local Government Area of Benue State. Note that the hut is without any chair or bed as a result, the patient sprawls on the bare floor.

Source: Field Trip Observation, 06th September, 2007

Section 5: Unhygienic Medical Environment at TTM Healing Homes

Plate IX: *Jogobi* (an aluminum pot) of herbs boils on fire in the open. Note that the pot is not covered and could be contaminated by dirt, dust and other particles flying in the air. The body of the pot shows that it has not been washed for a long time. The unhygienic nature associated with the preparation and administration of Tiv Traditional Medicine is a major challenge that is yet to be overcome.

Source: Ikyogen Traditional Orthopedic healing home, Nyiev-Mbanoughul, Guma Local Government Area of Benue State, 22nd June, 2019.



Plate X: A grinding stone used for grinding medicines is left uncovered in a bushy and unkempt environment .This unhygienic environment is bound to attract flies, rodents and other vectors that could easily spread air and water borne diseases like cholera and diarrhoea etc.

Source: Ikyogen Traditional Orthopedic healing home, Nyiev-Mbanoughul, Guma Local Government Area of Benue State, 22nd June, 2019.

Section 6: Lack of Accommodation for Patients/Storage Facility for Herbs



Plate XI: Lack of accommodation for patients and for storage of medicine has been a recurring decimal associated with Tiv Traditional Medicine. Here clay pots containing herbs are left behind a hut. This puts the security of the medicine at risk of both human and spiritual agents.

Source: Thaddeus Agbela Traditional Healing Home, Ahule-Logo 1, Makurdi, Benue State, 19th September, 2017.



Plate XII: Lack of accommodation ensures that herbs, roots, bark of trees and shrubs which are major constituents of Tiv Traditional Medicine are piled on the bare floor with the prospect of being contaminated with dust, dirt and animal droppings. Sometimes the herbs could become withered and lost to the forces of nature. With the rate of urbanization and industrialization getting herbs for medicines has posed a serious challenge to TTM and has attracted high cost for accessing medicines

Source: Thaddeus Agbela Traditional Healing Home, Ahule-Logo 1, Makurdi, Benue State, 19th September, 2017

Section 7: Unregulated Sharing of Pastes and other Medicinal Appliances of TTM

Plate XIII: Zaki Benjamin Myamcie Mzahan a traditional orthopedic healer rubs a paste on a boy with fracture on the thigh. It is to be noted that the same paste will be used on all patients in an unregulated manner. This phenomenon is capable of transmitting skin fluid diseases like Hepatitis B and HIV/AIDS from one patient to the other. The procedure would have being that each patient has his/her paste to his/herself.

Source: Zaki Benjamin Myamcie Mzahan's healing home at Akpehe, Logo II, Makurdi Local Government Area of Benue State, 19th September, 2016.



Plate XIV: *Kucha* (calabash) used for taking herbs orally. The unregulated sharing of the calabash by many patients at traditional healing homes calls for serious concern as it has the prospect of patients contaminating it and passing one disease or the other to other patients.

Source: David Kwaghngu Jugu Healing Home, NNPC Depot, Apir, Makurdi, Benue State, 18th September, 2015



Plate XV: A calabash containing grinded paste and a towel used for massaging patients with fractures at Zaki Benjamin Myamcie Mzahan's healing home at Akpehe, Logo II, Makurdi Local Government Area of Benue State. The unregulated use of these items on all fracture patients constitute a serious challenge to the smooth operation of Tiv Traditional Medicine as it is capable of transmitting diseases from one patient to the other. \\\

Source: Field Trip Observation, 19th September, 2016.

Section 8: Unsterilised TTM Medical Equipments



Plate XVI: Zaki Benjamin Myamcie Mzahan brandishes a surgical scissors used in dressing patients with wounds at his traditional orthopedic healing home. It is to be noted that the equipment is not sterilized and could be a major source of the transmission of diseases from patient to patient.

Source: Source: Field Trip Observation, 19th September, 2016.

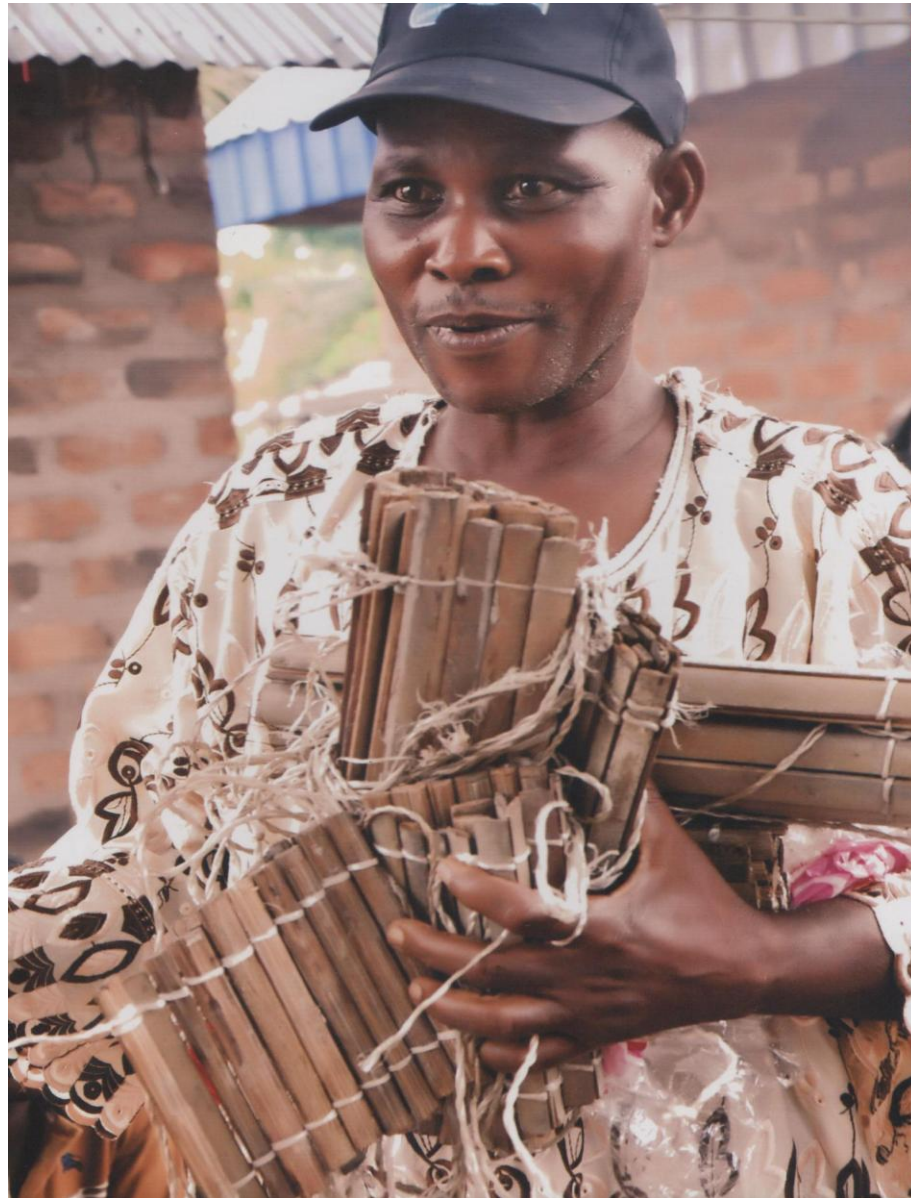


Plate XVII: Zaki Benjamin Myamcie Mzahan clasps *agambe*{ splinters} used in supporting fractured parts of the body and restoring them to shape. Apart from washing the splinters with water no any other form of sterilization is carried out on the equipment lending it open to the transmission of diseases from one patient to the other.

Source: Field Trip Observation, 19th September, 2016.

Way forward

Having examined the challenges of Tiv Traditional Medicine (TTM) in the 21st Century in a phenomenological survey, the paper makes the following suggestions to further enhance the practice of

TTM thus: There is need for the documentation of TTM recipes to avert a situation where practitioners grow old and or die without passing their knowledge to succeeding generations. Also, TTM practitioners

should improve on the hygiene for their medicines, equipments and general surrounding of their healing homes. The practitioners of TTM should invent some hers which will be used for sterilizing surgical knives, blades, needles and other sharp objects or use spirits and other purifiers for this purpose to enhance the safety of both the patients and practitioners.

TTM practitioners should evolve a system where they separate pastes/powdered medicines from the bulk before applying on patients and incisions to avert contamination and infection of patients with communicable ailments. Government can explore the need of donating ambulances, gurneys and stretchers to bone setting homes to ease movement of immobile patients. Public spirited individuals could also structures for TTM practitioners to improve on accommodation challenge for patients. A situation where five or more patients are cramped in small huts meant for two is not encouraging as this could lead to the spread of contagious diseases.

Furthermore, the government and public spirited individuals can support traditional medical practitioners with finance to enhance on their practice. TTM practitioners should also be have access to the loans being given to small scale industry operators by the federal government to enhance their practice. The youth are called upon to learn and inherit the practice of traditional medicine from their parents so as to keep the practice from going into extinction. The Tiv and Africans in general are called upon to value their inheritance and indigenous knowledge system and improve on same for the overall development of the continent.

The modernizing agents of western education, Christianity and orthodox medicine should stop the campaign of calumny against TTM because not everything traditional is bad; after all these institutions can also attest to the fact that some illnesses heal better and faster with Traditional medicine. In this perspective the study calls for the strengthening of synergy between TTM and OM to complement each other especially in such instances where one proves inadequate in handling a particular health challenge.

Practitioners of TTM are called upon to demystify TTM. As it stands, TTM is shrouded in secrecy which discourages a lot of people who would have loved to patronise it. The National Agency for Foods Drugs Administration and Control (NAFDAC) is called upon to intensify its supervisory role in regulating the activities of Traditional medical practitioners with the view to overcoming the challenges confronting TTM. TMs which meet up with set standards should be registered without much ado and advertised on the global medical world.

CONCLUSION

The paper 'A phenomenological survey of the challenges of Tiv Traditional Medicine (TTM) in the 21st Century' has established that TTM is as old as when the Tiv fell sick and needed medicine to cure his infirmities. TTM largely depend on roots, barks of trees, shrubs, leaves, animal matter and rituals. The art has developed over time and most Tiv leaving in the rural areas depend on TTM for their health challenges. TTM has also undergone development as medicines are now stored in sachets and bottles. Also, there is improvement in TTM as it is prepared in a more hygienic way. Furthermore, TTM effectively provides cure for ailments that defy orthodox medicine {OM}. These include ailments like *Kwambe* {whitlow}, *Ishombon* {fractures}, *Usu* {shingles}, *Akpiti* {arthritis} and *iyav mbu moron* {swollen stomach} etc. This clearly shows that some ailments heal better with TTM. There is therefore, the need for synergy between TTM and OM to further enhance the healthcare delivery system in Nigeria. However, despite its remarkable growth and development over the years, TTM still experiences some difficulties and challenges even as we edge deeper into the 21st Century. Some of these challenges include the use of Unsterilised needles, the problem of dosage, sharing of pastes by multiple patients, lack of gurneys and stretchers to move immobile patients, lack of conducive accommodation for patients, storage facility for shrubs, roots and barks of trees, lack of ambulances and aging TTM practitioners who do not have any one to transfer their knowledge due to the modernizing agents of western education and Christianity amongst other challenges. Irrespective of the above challenges confronting TTM, what may however be said in very clear, unequivocal and unambiguous terms is that these challenges have not affected the efficacy of TTM. In fact TTM is cheap, affordable and available and it is the cheapest mode of medication for a greater number of the Tiv, Nigerians and Africans in general. It is not toxic but gotten from nature.

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Works Cited

- Akpaamo, James. *Science, Religion and Politics: A maker or Mess of Humanity?* Ibadan: Daily Graphics, 2004. Print
- Aghamelu, F.C. "Traditional African Medicine : Philosophical Foundations and Apologetics". In Dukor, M (Ed). *Essence : An Inter disciplinary-International Journal of Philosophy*(Philosophy nand African Medicine). No.3. Lagos: Essence Library, 2006. Print.
- Anyacho, Ernest Okey. *Religion in Society: An Introduction to Eco-Theology and Justice*. Ikom: Ibiarn Press, 2004. Print.
- Apenda, A.Z. and Andrew Philips Adega. "Constraints and Challenges in Traditional Healthcare in Nigeria: The Tiv Experience". *African Indigenous Knowledge Systems: Triumphs and Tribulations*. Abuja: Roots Books, 2007. Print.
- Andrew Philips Adega. *An African Perspective on Phenomenology of Religion*. Makurdi: Gwatex Publishers, 2019. Print.
- - and A.Z. Apenda. "Christian Attitude Towards Traditional Medicine: An Expository Discourse" *African Journal of Local Societies Initiative {LOSI}* Maiden Edition. Makurdi: Destiny Ventures, 2010. Print.
- Bolander, David O et'al (Eds). *The New Webster's Dictionary of English Language (Int'l edition)*. New York: Lexicon Publishers, 1987. Print.
- Dopamu, Peter Ade."Health and Healing within the Traditional African Religious Context". In *Orita: Ibadan Journal of Religious Studies vol. xvii no.2*. December, 1985. Print.
- Ityavyar, Dennis A. " African Traditional Medicine with Reference to a wholistic view of sickness and Healthcare. In Ikenga-Metuh, Emefie and O. Ojade (Eds). *Nigerian Cultural Heritage*. Onitsha: Imico, 1990. Print.
- MacQuarrie, John. 'Religion'. *The McMillan Family Encyclopedia vol.16*. London: McMillan Press. 1990. Print.
- Ogugua, N and Metala, C. "African Medicine in Contemporary Society : A Philosophical Perspective". In Dukor, M (Ed). *Essence : An Inter disciplinary-International Journal of Philosophy*(Philosophy nand African Medicine). No.3. Lagos: Essence Library, 2006. Print.
- Shishima, Sarwuan Daniel. " The Wholistic Nature of African Traditional Medicine: The Tiv Experience" In *Religion, Medicine and Healing (NASRED)*. Lagos: Free Press Enterprises, 1995.
- - "African Traditional Medicine and Globalization". In Ibigbolade S. Aderibigbe et'al (Eds). *Contextualizing Africans and Globalization: Expressions in Socio-Political and Religious Contents and Discontents*. Martland: Lexington Books, 2016. Print.
- Wren, Thomas, E. 'Phenomena.' *The McMillan Family Encyclopedia vol.15*. London: McMillan Press. 1990, Print.

List of Respondents

S/N	Name	Age	Sex	Occupation	Place of Interview	Date
1	Zaki Shagwa Dze	70yrs	M	Healer	Ikyogen, Nyiev-Mbanoughul, Guma LGA, Benue State	17 th -09-2015
2	Orshoja Ikpanyar	44yrs	M	Medicine Man	Yelewata, Guma LGA, Benue State	17 th -09-2015
3	Kpan Chokom	80yrs	M	Healer	Tse Hua, Ucha-Nyiev, Guma LGA, Benue State	17 th -09-2015
4	John Kpan	35yrs	M	Medicine Man	Tse Hua, Ucha-Nyiev, Guma LGA, Benue State	17 th -09-2015
5	Abraham Orter	32yrs	M	Bone Setter	Uikpam, Mbabai, Guma LGA, Benue State	17 th -09-2015
10	Zaki Benjamin Myamcie Mzahan	64yrs	M	Bone Setter	Akpehe-Logo II, Makurdi, Benue State	19 th -09-2016
6	Peter Ugbile	55yrs	M	Diviner	Lower Benue, Makurdi, Benue State	18 th -09-2017
7	Tarzoho Agav	70yrs	M	Medicine Man	Mbanima, Ugondo-Makurdi, Benue State	18 th -09-2017
8	David Kwaghngu Jugu	50yrs	M	Diviner/Medicine Man	NNPC Depot, Apir, Makurdi, Benue State	18 th -09-2017
9	Thaddeus Agbela	25yrs	M	Healer/Diviner	Ahule-Logo 1, Makurdi, Benue State	19 th -09-2017
14	HRH, Chief Niyongu Achiaku	65yrs	M	Traditional Ruler	Vandeikya LGA, Benue State	13 th -01-2018
15	HRH, Chief Augustine Akaahan Anule (KSM)	62yrs	M	Traditional Ruler	Vandeikya LGA, Benue State	13 th -01-2018
11	Bernard Aligi	46yrs	M	Medicine man	Katsina-Ala, Benue State	4 th -12-2019
12	Wandoo Iorzua	30yrs	F	Diviner	Mechanic Site, Njoov-Ikyurav Tiev, Katsina Ala, Benue State	4 th -12-2019
13	Agande Iorver	30yrs	M	Diviner/Medicine Man	Usaazi, Katsina Ala, Benue State	4 th -12-2019