

Traditional Bone setting in Africa: Counting the cost

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Abstract

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BACKGROUND

Traditional Bone setting (TBS) is popular in Africa because its practitioners lay claims to supernatural influences.^{1,2,3,4} Superstition, ignorance and poverty are the basis for continued patronage despite complications.^{1,2,3}

AIM

Complications of TBS in a sub-Saharan African community is highlighted

PATIENTS AND METHODS

Major complications of TBS among patients seen in the orthopaedic unit of a Nigerian hospital were evaluated. Patients' demographics, pattern of complications and the comparative costs of treatments were analyzed between January and December, 2006.

RESULTS

185 patients had corrective procedures for various musculoskeletal injuries during this period. 84 (45%) of these were due to complications from TBS interventions (Table 1). Male: Female ratio was 5:1. Average age was 38 years. Corrective treatments included open reduction and internal fixation with or without bone grafting, Sequestrectomy, skin grafting, Manipulation under anaesthesia, release of contractures and amputations.

Financial cost of the corrective treatments ranged between 50,000 to 300,000 Nigerian Naira (₦400-3000) whereas the estimated cost of treating similar injuries when they are uncomplicated was about 7,500 to 70,000 Nigerian Naira (₦60-₦500).

Figure 1

Table 1: Complications from Traditional bonesetting and the sites of affectation

Complications	Part affected	Number	(%)
Malunion & Nonunion	femur	18	21.4
	Tibia	20	23.9
	Humerus	8	9.6
Chronic/osteomyelitis	Femur	2	2.4
	Tibia	6	7.2
Joint ankylosis	Elbow	6	7.2
	Knee	5	6.1
	Shoulder	1	1.3
Contractures	Elbow	2	2.4
	Wrist	1	1.3
Limb gangrene	Knee	1	1.3
	Lower limb	7	7.2
Herbal Burns	Forearm	2	2.4
	foot	1	1.3
	F/arm & wrist	2	2.4
Nerve palsy	Calf	1	1.3
	Wrist	1	1.3
TOTAL		84	100

Photographs of some complications of TBS seen at the University of Calabar Teaching Hospital Calabar, Nigeria

DISCUSSION

The volume of complications listed and those that present to the hospitals are quite insignificant compared to the number that are languishing in the villages because of poverty and ignorance.³⁵⁶ There is an erroneous belief in traditional Africa that the only available option for treatment of fractures in hospitals is amputation.¹²⁷ Because of this high level of ignorance and superstition, even the rich and the elites are also caught in the web. The reasons for continued patronage and the attitude of the patients and the practitioner are similar in all the studies conducted within and outside Nigeria.¹²⁶⁷ Orthopaedic and Trauma surgeons working in Africa are overburdened by these unnecessary complications as they spend their expertise in correcting complications rather than practice modern Orthopaedics and research.¹²⁵⁷ The cost of correcting complications was very high so that those who cannot afford do die or remain incapacitated for life. These complications pose economic, physical and social burden to the affected individuals, families and the society.¹

CONCLUSION

Sustained public enlightenment, reduction of poverty as well as establishing a workable health insurance policy to include rural dwellers may reverse this trend. Training and empowering rural orthopaedic workers is a pet project of the authors which requires sponsors.⁵ The author also initiates the manufacturing of local orthopaedic appliances which are

available and affordable for the poor rural dwellers so as to reduce these complications.⁸⁹¹⁰

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