Traditional Bone setting in Africa: Counting the cost
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Citation

Abstract

**POSTER PRESENTATION AT**
The 5th SICOT/SIROT Annual International Conference held at Palais des Congrès, Avenue des France, Marrakech, Morocco, from August 29 to 1 September, 2007

**BACKGROUND**
Traditional Bone setting (TBS) is popular in Africa because its practitioners lay claims to supernatural influences. Superstition, ignorance and poverty are the basis for continued patronage despite complications.

**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 (Table1). 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).

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. There is an erroneous belief in traditional Africa that the only available option for treatment of fractures in hospitals is amputation. 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. 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. 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.

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. 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.

References

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