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Research Paper

STUDY TO EVALUATE THE REASONS FOR PATIENTS CHOOSING BONE SETTERS OVER ORTHOPAEDIC SURGEONS FOR TREATMENT IN URBAN HYDERABAD, TELANGANA STATE, INDIA

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Introduction - From the age old times there is the considerable role of traditional treatment in medical field which most of the time has no evidence and proper explanation. One wing of them are the traditional bone setters who have so much of popularity among the common population.

Aims and objectives - In the following study we determine the awareness about the variety of orthopaedic conditions, the role of an orthopaedic surgeon in such conditions in common population. The study also aimed to determine the reasons why people get attracted to bone setters. An attempt was made to improve the status of orthopaedic treatment in general population.

Materials and methods - A retrospective study was done in which 150 patients were included who attended the hospital and bone setting centers. A pre-designed and pre-tested questionnaire interview method was used to collect data. The data was collected and analyzed using epi_info 6.04d.

Results - There were various reasons given by patients for choosing a bone setter over an orthopaedic surgeon which included reasons like the following, bone setters are the only ones who can deal with fractures (53%), followed by reasons like orthopaedicians only do surgeries (43%); apprehension of plaster of paris cast and slabs (6%); went because of pressure from family or friends (46%). **Conclusions** - Patients and their families make clear decisions about fracture treatment in a hospital or by a traditional bonesetter. There is a need to change the mind set of people that an orthopaedic surgeon does surgery only when required and can treat conservatively in a better way. There is also need to campaign regarding the risk the patients are exposed to when there are no proper medical intervention.

Keywords: Patients, choosing, Bone setters, Over, Orthopaedic surgeon, Urban Hyderabad, Telangana

INTRODUCTION

From the age old times there is the considerable role of traditional treatment in medical field which

most of the time has no evidence and proper explanation. One wing of them are the traditional bone setters who have so much of popularity

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among the common population. Traditional medicine accounts for around 40% of all health care in China and up to 80% in Africa (WHO, 2002). Prenatal and birthing attendants, chiropractors and herbal practitioners have each found places in established healthcare schemes (WHO, 1999; WHO, 2000). The use of traditional bonesetters to treat musculoskeletal injuries is also widespread in developing nations, particularly in Africa, Asia and South America (Aries M J H *et al.*, 2007; Onuminya J E, 2004; Thanni L O A; 2000; Nwadiaro *et al.*, 2008; Nwankwo O Eand Katchy A U, 2005). In Nigeria, traditional bonesetters provide 70-90% of the fracture care in certain areas (Omololu *et al.*, 2008). After emergence of the evidence based medicine and the well understanding of the nature of diseases the age old medical believes were challenged and modified accordingly but there is a large gap between the installment of the advances and general population accepting it.

AIMS AND OBJECTIVES

The study aimed

1. To determine the awareness in the population about the various orthopaedic conditions and the role of an orthopaedic surgeon in such conditions.
2. To determine the reasons why people get attracted to bone setters.
3. To find out ways to improve the status of orthopaedic treatment in general population.

MATERIALS AND METHODS

A retrospective Study was done in which 150 patients were included who attended bone setting centers and Osmania General Hospital in Hyderabad. The study included all socio-

economic groups. There was no age and sex exclusion. The study was exploratory and qualitative, using in-depth interviews and direct observation. All patients agreed to take part in the research. Patients with both soft tissue injuries and fractures were included. Patients with both compound and simple fractures were taken into account. The study was done during months of April and May 2014 . All patients were X-rayed for diagnostic confirmation. After diagnosis, some patients decided to undergo hospital treatment (further referred to as 'stayers'), while others decided to leave the hospital for treatment by a bonesetter ('leavers'). Another group initially received treatment by a bonesetter and afterwards opted for hospital treatment ('returners'). Stayers consisted of patients interviewed at the surgical ward during their admittance. Leavers were either interviewed at the emergency department before leaving the hospital or while being treated at the clinic of a bonesetter. A pre-designed and pre-tested questionnaire interview method was used to collect data. The data collected was entered and analyzed using epi_info 6.04d. Ethical committee approval was taken before the study and informed consent of the participants was taken before interviewing.

RESULTS

Out of the patients studied 82 subjects were males (55%) and 68 subjects were females (45%). (Table 1) 44 % belonged to upper middle class and 84% were lower class(Table 2). Maximum subjects were residents of urban Hyderabad and remaining were from rural Hyderabad(Table 3). 30% of subjects were illiterate followed by 36% who had school education, 34% who were graduates(Table 4). 72 % of the subjects had fractures followed by

Sex	Number of subjects and Percentage
Males	82 (55%)
Females	68 (45%)
Total	150

Class	Number of subjects and Percentage
Upper class	66(44%)
Lower class	84(56%)
Total	150

Residential Distribution	Number of subjects and Percentage
Urban	90(60%)
Rural	60(40%)
Total	150

Educational level	Number of subjects and Percentage
Illiterate	45(30%)
School education	55(36%)
Graduates	50(34%)
Total	150

Injury pattern	Number of subjects and Percentage
Fractures	108(72%)
Soft tissue injury	40(27%)
Compound fractures	2(1%)
Total	150

Regional distribution	Number of subjects and Percentage
Shoulder and arm	14 (9%)
Elbow	18 (12%)
Forearm	15 (10%)
Hand and wrist	20 (13%)
Hip	34 (23%)
Thigh	12 (8%)
Leg	7 (5%)
Ankle	18 (12%)
Others	12 (8%)
Total	150

subjects with soft tissue injuries which came up to 26 %, and 2 % which had compound fractures in various regions of the body as illustrated in the table (Tables 5 and 6). On interview and follow up of the patients who came to the hospital we got to know that 27 people attended the orthopedic clinic and got plaster applied and then went to quack and removed plaster of Paris, 15 patients were referred immediately from bone setting center to hospital. Out of the 150 patients interviewed the patients gave more than one reason for not taking orthopaedic intervention after

Reason	Number of subjects and percentage
Bone setter are the only ones who can deal with fractures	80 (53%)
Orthopedicians only do surgeries	65 (43%)
Apprehension of plaster of Paris	10 (6%)
Went because of pressure from family and friends.	69(46%)

bone injury. The reasons which topped the chart were, bone setter are the only ones who can deal with fractures (53%), followed by reasons like orthopaedicians only do surgeries (43%), apprehension of plaster of Paris cast and slabs (6%), went because of pressure from family and friends (46%)(Table 7).

CONCLUSION

Patients and their families make clear decisions about fracture treatment in a hospital or by a traditional bonesetter. They are guided by the apparent severity of the fracture, the availability of a service, their financial status and past experiences. Most of the patients first visit the bone setter and come to the contemporary orthopaedic surgeon only in case of a complication. The available literature suggests that this trend is present in many developing nations throughout Africa, Asia and South America (Aries M J H *et al.*, 2007; Banskota A K; 2008; Anderson R, 1987). There is a need to change the mind set of people that orthopaedic surgeon does surgery only when required and can treat conservatively in a safe and better way. There is also a need to campaign regarding the risk the patients are exposed to when there is no proper medical intervention.

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