

# BONESETTER'S GANGRENE OF HAND – A PREVENTABLE DISASTER

SAJAD AHMAD SALATI, AJAZ RATHER

## ABSTRACT

Complications in the form of gangrene of limbs caused as a result of traditional bone setting are quite common in economically backward countries like India. In this case report, we present a similar complication (gangrene of hand) which led to a permanent disability in our otherwise healthy patient.

*Key words* Gangrene, Traditional bonesetter, Health education.

## INTRODUCTION:

The traditional bonesetter's gangrene is an avoidable and well-known disaster which is still reported in spite of advances in medical science. These reports mostly come from economically underprivileged areas of the world.<sup>1-4</sup> In Kashmir valley on the Indian side also, the healthcare facilities in the peripheral hilly areas is poor and people are forced to seek treatment from bonesetters and quacks.

## CASE REPORT

Our patient was a 64 years old male farmer who had sought treatment from traditional bonesetter for painful movements of left wrist of three years duration. The bonesetter had applied some unknown herbal paste over the left wrist and then splinted it tightly with multiple small bamboo pieces. The patient reported to us after 8 days of application of splints/herbs, with dry gangrene of a left hand. The patient had no other medical or surgical history of significance. The patient was operated upon and amputation of gangrenous hand done. There were no perioperative complications (Fig-I).

## DISCUSSION

Traditional bonesetting is still practised in most of the economically deprived countries of the world.<sup>1-4</sup> The complications are enormous and gangrene

supervenes in many limbs as a result of prolonged pressure of tight splints applied by bonesetters for treatment of fractures, sprains or painful joints. The otherwise useful limbs ultimately end up in amputation leading to lifelong disabilities.

Our patient had sought treatment from traditional bonesetter due to lack of cheap medical facilities in his village and to avoid the disturbance in his routine life (during harvest season) that might have occurred by travelling to secondary or tertiary care health center.

In India, it is estimated that there are about 70,000 traditional bonesetters who treat about 60% of all bone trauma patients.<sup>5</sup> Most of these bonesetters work in farflung villages where there are no proper health care facilities. Similar is the situation in many other developing countries.<sup>6</sup> Strict legislations and control, health education of general population and provision of proper healthcare facilities even in remote



Fig-I: Gangrene of Hand

## Correspondence

Dr Sajad Ahmad Salati  
King Fahad Medical City  
Riyadh Saudi Arabia  
Email: docsajad@yahoo.co.in

areas can rid the people of complications of traditional bonesetting. But till the affordable healthcare facilities reach the grassroot level of the societies, great short term benefits in terms of minimising the complications of traditional bonesetting, can be derived from imparting basic health education and training in orthopedic care to the traditional bonesetters. In Ethiopia, Eshete found a reduction in amputation rates after a one-day instructional course offered to traditional bonesetters.<sup>7</sup> Similar encouraging results were derived by Shah et al and Onuminya in their respective countries.<sup>8,9</sup>

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