

Case report

Observation and treatment of some adult fracture cases initially treated by indigenous physicians

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Abstract

From December 2000 to November 2009, 10 cases of closed fracture which were usually needed definitive operative treatment were included in this study. All the patient were adult. Among them 8 patients were male and 2 were female. Patients were initially treated by Kabiraji method by indigenous physicians and ultimately referred to district hospital within 7 days to 6 weeks. All the fractures were treated by conservative method and the fractures were healed within 3 months. ROM were full. Among the fracture 3 were Galeazzi fracture dislocation, 5 were fracture radius and ulna and 2 were fracture shaft of femur. Average age of the patients were 28 years.

Introduction

Ancient method of fractures treated by indigenous physicians are still well popular in our country. As people of poor socio-economic condition have no access to modern orthopaedic treatment, the only way for treating these patient is by Kabiraji method. Some time this treatment results successful but most of the time it finished up with a grave consequences. Most of the patient ends up with permanent deformity, sacrifice the limb and sometimes may end up with sacrifice the life also. But one thing is important that some beneficial effect is observed in some cases of very cautiously applied Kabiraji treatment, like union of some definitive indicated operation. Some uncommon fracture like Galeazzi fracture dislocation, adult fracture radius ulna, adult fracture shaft of ulna and adult fracture shaft of femur.

Materials and methods

During 09 years of working experience in orthopaedic surgery in different district level hospital and clinic many referred cases were found. Adult closed fracture referred by indigenous physicians or patient himself reported were included. In this study were for those 10 cases which were mostly indicated for operation. Initially treated by 'Kabiraje' method and ultimately referred to district hospital with in 7 days to 4 weeks. Form history it is seen that they repeatedly applied 'chatty' band at certain regular interval. After removal of chatty band and cleaning the wound a posterior cast was applied as needed. At the same time correction of deformity

after regional anaesthesia where needed by close osteoclasts and used antibiotic for 7-10 days for healing of wound. After regular follow up, dressing and application of full plaster the fracture were united. Finally patients were advice regular exercise to prevent the stiffness.

Results

Among 10 cases of closed fracture 8 were male, 2 were female. Among them 03 were Galeazzi fracture dislocation, 5 were fracture radius and ulna and 2 fracture shaft of femur. All fractures were healed with acceptable position and complications with good functional out come and minimum cost.

Possible Mechanism of bony union during Kabiraji Treatment

From history and observation it can be said that traditional Kabiraji (chatty band, Manda) causes venous obstruction, swelling, increases blood supply, more swelling, skin thickening due to non pitting oedema, increases rapid and excess callus bridge due to improper immobilization. After release of chatty band and plaster cast immobilization, reduction of swelling, surgical dressing and antibiotic, rapid wound healing, close osteoclasts, correction of deformity. Full rigid immobilization and followed up, solid union occurs.

Conclusion

Kabiraji treatment is still practicing in our society. Many patients lost their valuable parts of the body

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| Age | Sex | Nature of fracture | Percentage | Result |
|----------------------------------|-----|---|------------|-----------|
| 35-45 years (average 28years) | M | Close fracture radius ulna | 05 (50%) | Healed up |
| 35-45 years (average 28years) | M | Close Galeazzi fracture dislocation | 03 (30%) | Healed up |
| 35-45 years (average 28years) | M | Adult Close fracture Shaft of Femur | 02 (20%) | Healed up |

and also their life by this mal treatment. Some time it create deformity which cannot be corrected even surgery. All fracture usually healed up with some deformity even without treatment. By conservative method fracture and deformity can be reduce. In this study it is observed that applying Manda treatment may heal some uncommon fractures which operation is indicated. So it is the time to stop Kabiraji treatment where orthopaedic surgeon is available even at Upazila level.

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