

Misadventure in Traditional Medicine Practice: an Unusual Indication for Limb Amputation

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Limb amputation is a major cause of disability in Nigeria, and inadequate health facilities for limb salvage procedures and rehabilitation have increased the burden of amputation surgery in our environment.¹⁻⁴

The common indication for limb amputation in Nigeria is limb gangrene due to trauma. A road traffic accident is an important cause of the trauma, and the role of the traditional bonesetters in the increasing incidence of limb gangrene has been reported.¹⁻⁵

The complications of the traditional bonesetter's practice in Nigeria account for about 50–60% of the limb gangrene necessitating amputation in our hospitals.^{3,5}

Misadventures in traditional medicine practice are not new to us. People have lost their lives in the cause of testing the efficacy of traditional medicine. This paper reports an unusual indication for limb amputation in Nigeria following misadventure in a traditional medicine practice in a rural community.

Key words: traditional medicine practice ■ misadventure ■ limb amputation

CASE REPORT

O.T. is an 18-year-old secondary-school boy from Ewohi in the Esan North-East Local Government Area of Edo State, Nigeria. He engages in the carving of mortars occasionally. He was brought to the King Orthopedic Clinic, Ekpoma, on 10/24/04 with a septic stump of a disarticulated left elbow joint following a deep machet injury in the left cubital fossa on 10/18/04. He sustained the machet injury while he was testing the efficacy of a traditional herbal medicine meant to prevent machet cut. He was persuaded by his friends to try the herbal medicine that will prevent him from machet injuries, a risk that is associated with his carving jobs. The herb was harvested fresh from the bush by the herbalist and was given to the victims to chew with the belief that it will prevent every machet injury. He had observed two of his friends who had chewed the herbs and had their arms successfully tested with a sharp machet cut without lacerations. He then chewed the herbs and stretched out his left upper limb for the machet cut test, but the test failed and he sustained a deep laceration in the left cubital fossa. He had bled profusely and was taken to a private clinic in their vicinity, where he had the disarticulation of the left elbow joint after three days of treatment. He presented in our clinic with the septic stump of the disarticulated left elbow joint for refashioning of the stump (Figure 1).

He was found to be anemic with the PCV of 16%. He was resuscitated and transfused with two pints of crossmatched whole blood; he was placed on broad-spectrum antibiotics and was given antitetanus prophylaxis. He had a successful refashioning of the amputation stump and had an uneventful postoperative period. He is being followed up in the outpatient department but has been unable to arrange for prosthetic fitting despite adequate counseling.

DISCUSSION

Amputation is a mutilating surgical procedure, both altering the body image and producing severe functional deficit, yet it is one of the common surgi-

© 2005. From Department of Orthopedics and Traumatology, Faculty of Clinical Sciences, College of Medicine, Ambrose Alli University, Edo State, Nigeria. Send correspondence and reprint requests for *J Natl Med Assoc.* 2005;97:824–825 to: J.E. Onuminya, Department of Orthopedics and Traumatology, Faculty of Clinical Sciences, College of Medicine, Ambrose Alli University PMB 14, Ekpoma, Edo State, Nigeria; e-mail: kingorthop@yahoo.com

cal procedures in Nigeria with inadequate facilities for rehabilitation. While the indications for amputation in Europe and America are dwindling day after day as a result of modern technology in the areas of reconstructive vascular and musculoskeletal surgery, the situation in Nigeria is worsening with the emergence of unusual indication for limb amputation. Even treatable injuries as in the case presented end in amputation due to absence of organized trauma services. The lack of expertise and facilities for reconstructive vascular surgery in the peripheral hospital probably resulted in the loss of the limb.

The indication for the limb amputation in the presented case is a typical misadventure in the traditional medicine practice in Nigeria. The use of traditional medicine to prevent machet or gunshot injuries is a common practice in Nigeria, especially among the hunters, communal warriors, cultists and political thugs during hunting, communal, cult and political clashes. Occasionally, misadventures due to the failure of the traditional medicine practice have

resulted in the death of some victims.

The practice of traditional medicine in Nigeria is based on practical experiences and observations, which have been handed down from one generation to another. The healers may use medicines from local plants (as in the case presented) or from minerals and animal substances, or prescribe special exercises, incantations. They may use sacrifices and purifying rituals of a religious nature, all to reflect the beliefs and attitudes of their community about what causes illness and how to prevent it. In the traditional Nigerian society, the native doctor is a person of immense social standing and significance; he is considered to be the greatest gift from God, the most useful source of help and succor in an otherwise harsh environment. His judgement and counsel are usually accepted without question, as in the case presented. There is ritual in the choice of the ingredients used for the preparation of the herbal portions. Most Nigerians believe that a drug without the proper ritual observances or even without the proper divine or magical authority will be ineffective.

The apparent lack of any relationship between cause and effects, between the medicine used and treatment applied and the health restored, relegates some traditional healing practices to the realms of superstition. One wonders how one would relate the chewing of fresh herbs to the prevention of machet injury. It is indeed difficult to rationalize the claimed protective action of herbs dispensed by the native doctor.

In this particular case, the misadventure has resulted in the loss of a limb in a young, creative secondary-school boy. The socioeconomic loss resulting from the cultural practice is enormous. Despite the shortcoming, more than 70% of the Nigerian population, at present, live outside the vicinity of modern hospitals and rely almost exclusively on the traditional medicine healers for their healthcare services.⁵ Though various governments in our region promote the practice of these practitioners, their activities have yet to be regulated and currently they do not realize their limitations.¹⁻⁵ Health education and strong legislation by the government would considerably change the current gloomy picture of healthcare services in Nigeria.



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