

# ***The strengths and weaknesses of Turkish bone-setters***

*Sevgi Hatipoğlu & Kadriye Tatar*

*Twelve bone-setters and 20 clients of bone-setters were interviewed to gather information about the nature and popularity of these traditional health services. The results suggest a high degree of confidence in the bone-setter's art, though this is not always well founded.*

Despite the impact of modern medicine, which reaches the remotest parts of most societies, traditional beliefs and practices persist, since people have learnt to trust them and feel at ease with them. In Turkey, bone-setters are an important feature of these traditions, and the hazards of mechanized transport and industry have probably increased the potential demand for their services. To gain a clearer understanding of how they work and the extent to which their methods are effective, a questionnaire was used as a guide to interview 12 practitioners and 20 users in the province of Gaziantep. The interviews were conducted in an informal way and the aim was to arrive at some general conclusions which might point the way to further research or action.

## ***The practitioners***

The bone-setters interviewed were all over 46 years old, and one was over 80. Three of them were illiterate, the rest had received some elementary education, and one had studied beyond secondary school level. Their employment status varied widely: three were farmers,

two were housewives, one was a driver, and the rest consisted of an electrician, a grocer, a butcher, a religious leader, the manager of an institution, and an unemployed person. All of them had had at least 28 years of experience in dealing with cases of fracture and dislocation, except one, who had had eight years' experience. Of the twelve, eight had learnt their art from their father, uncle or mother-in-law, the rest from people outside the family. Estimates of how many patients they saw a month ranged from 20 to 120, but five of them said the number of patients was "too many to count".

To diagnose a fracture, only three said they looked at X-rays, if available. The most frequently mentioned signs of both fracture and dislocation were pain, swelling and restricted movement. For treatment, the most common procedures were to bathe the fracture in lukewarm water, pull the bone into line, and fix it with cotton and cardboard. Other common methods of holding the bone in place involved the use of eggs mixed with flour or soap powder, strips of wood, various kinds of bandage and, in one case, plaster. In addition, bone-setters recommend various pills and ointments to alleviate pain and relax the muscles, as well as rest, and various kinds of massage. In general, they expect their patients to recover within three to ten days, but esti-

---

Dr Hatipoğlu is an Associate Professor at the Nursing School of Gülhane Military Medical Academy, 06018 Etilik-Ankara, Turkey, and Kadriye Tatar is a cadet in the same Nursing School.

mate one extra day for each year the patient has lived.

All twelve of the bone-setters said they could not deal with every kind of fracture, and would refer patients to a doctor if they were

***Half the bone-setters said their success rate was 100%, and those who admitted to failures thought it was because their patients did not do as they were told.***

haemorrhaging or had suffered serious damage in such areas as the shoulder, elbow, knee, hip or ribs, or the broken bone had pierced the skin. For the cases they did decide to treat, they appeared to have a high opinion of their effectiveness, with only one estimating his success rate at 55–60%, the rest at over 80%. Indeed, half of them said their success rate was 100%, and those who admitted to failures thought it was because their patients did not do as they were told. All of them felt they were providing a valuable service and wanted to pass on their knowledge and skills to others in their families. They accepted payment from those who could afford it in the form of a gift such as crockery, cloth, food or other useful items, and left it to the patient to choose something appropriate.

### ***Their clients***

Of the 20 patients interviewed, 14 were men and six women. Thirteen lived in a city, five in a smaller town, and two in a village. Six of them were illiterate, seven had been to elementary school, five to secondary school and two to a university. All of them were between 46 and 80 years of age. Their employment status ranged from government employee to housewife to student. None of them saw themselves as poor, and 12 of them thought their income was fairly good.

The most frequently cited reason for going to a bone-setter was trust in his or her judgement (cited 11 times). Combined with a mistrust of doctors (cited 10 times) and a fear of modern treatment (cited 8 times), this factor of trust appeared to be the most important one to the clients. Next came accessibility (cited 11 times) and affordability (cited 10 times).

### ***Other points of view***

Although the bone-setters we talked to claimed a very high success rate and their clients expressed confidence in them, there are instances of inadequate treatment with harmful effects for the patients. The following two examples are representative.

- An orthopaedist told us of a woman with a dislocated elbow who had gone to a bone-setter who tried to heal it by pulling it back into line. He told her he had succeeded, but a month later her arm was swollen and she could not move it. She went to a doctor who found that the elbow was still dislocated and it was too late to set it correctly. She was left with permanently restricted movement in her arm, which could have been avoided if she had gone to a doctor in the first place.
- A child with a fractured elbow was taken to a bone-setter who treated it but three days later the hand was swollen, numb and blistered. Diagnosis at a clinic showed the onset of gangrene which affected the nerve and led to loss of function in the hand.

Doctors often point out that when bone-setters try to treat more serious injuries, their efforts usually end in the patient having to have an operation with diminished chances of success. Türkoglu has argued convincingly that bone-setters cannot be relied on to deal with fractures and dislocations because they have no knowledge of anatomic physiology

or X-ray technology, and their reputation for success comes from attending to minor injuries such as sprains or tissue damage (1). Naturally, the smaller the problem is the better able they are to solve it.

### ***Implications for the public health services***

This places a serious responsibility not only on the bone-setters themselves but on public health workers such as nurses, who need to be aware of the influence of traditional practitioners and of what they can and cannot do. With proper training and support, nurses can involve traditional practitioners in the local health services in appropriate ways, to their mutual benefit. At the same time, bone-setters should be made aware of the principles and practices of primary health care so that they

can see where they fit in and provide a more reliable service.

Bone-setters will no doubt continue to exist and have a following, but their limitations and the good effects of modern methods should be made more widely known, especially in the remoter areas. In this way their skills could contribute to the health care system without delaying the use of modern care where it is needed. In addition, access to institutions providing adequate orthopaedic and traumatic services needs to be improved. ■

#### ***Reference***

1. **Türkoglu, M.** [*Examination of children's elbow peripheral fractures and dislocations treated by operation.*] Ankara, University of Hacettepe, Orthopaedic Department, 1977 (thesis, in Turkish).

---

### ***Health warnings on smoking***

*Health warnings cannot, of course, be a substitute for a comprehensive health education programme for children or for public information for the people as a whole. Such warnings can, however, serve to reinforce educational programmes.*

*Nor should the statement [on cigarette packs] of tar and nicotine content and carbon monoxide yield imply that cigarettes with low tar, nicotine, or carbon monoxide yields are safe. For some time, evidence has been available that smokers of low-yield cigarettes do not consume less nicotine because they tend to compensate for the reduction in yield by increasing the number of cigarettes smoked.*

- Ruth Roemer. *Legislative action to combat the world tobacco epidemic, 2nd edition.* Geneva, World Health Organization, 1993: p. 47.