



Reviewing the Place of Traditional Orthopaedic Practitioners in Rural Bengal's Health Care Scenario: A Study on Rajbanshis of Coochbehar District, West Bengal, India

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Abstract

To understand the role played by the traditional health care providers in the treatment for bone fracture and to review their significance in the modern health care delivery system, this study enquired how people utilize the health services of traditional orthopaedic practitioners in rural areas of Coochbehar of West Bengal. This cross-sectional study, conducted at the traditional bone fracture centers concentrated around Nishiganj area of Coochbehar, West Bengal, adopted purposive sampling method. Interviews using semi-structured questionnaire were performed among the patients with mild to complicated cases of fracture and other musculoskeletal disorders, owners and medical staffs of the centers, local informants. Data were summarized, analyzed. About 80% of the patients reported that they opted for traditional methods at the first instance. Unconditional faith along with dissatisfaction with the modern treatment due to failure, lack of mental support, and comparative high costs are the reasons for visiting traditional providers. Most of the cases were found as cured. This study showed that even after implementation of modern health care system, traditional health care providers play great roles in the public health care system of rural Bengal. Reliance on traditional methods of treatment for bone fracture still exists among the rural people. The official recognition and integration of traditional health care providers in public health care system is essential as it could have a strengthening effect on the rural health care infrastructure. Moreover, it will help to ensure a more equitable health care utilization situation for the country's population.

Keywords: Traditional Practitioners, Bone setters, Orthodox Orthopaedics, Bone fracture, Integration, Rural health care, Rajbanshi health care practice.

Introduction

"I wonder if I can do it"- the famous line of Somerset Maugham becomes eternal in many walks of life. Really the orthodox orthopedics wonder that in the absence of x-ray, scan and other modern radiological observation system, only through the tactile methods of healing, the traditional bonesetters play their vital role in the whole world in the treatment of bone fracture, pain and deformities since a long time. Although tensions between traditional and orthodox orthopaedics exists globally, yet there is every scope for inter collaboration in between them, because the society accepts the traditional bone setters. Patients even having the opportunity of adequate number of qualified orthopedic doctors, visit the bone setter's Para-hospital for treatment of bone fracture. This is the motivation geared by the culture, custom and strong belief. So a cultivation of positive relationship among the traditional bone setters and conventional orthopaedics and recognition and interexchange of mutual knowledge between the two professions under the umbrella of government patronage will reap benefit and thus the preventive, curative and educational efforts aimed towards improving public health care service in developing nation like India will gain momentum.

This study concentrates on such a bone setting centre located in the Coochbehar district in West Bengal, wherein patients throng from different parts of the country to cure their bone fracture. Although a number of works on African traditional system of bone setting have been carried out¹⁻⁷ and some works throw light on the health practices of different other indigenous groups of India in general⁸⁻¹² and a few researchers¹³⁻¹⁵ have reported on different folk treatment practices and use of herbal medicines for certain diseases by the Rajbanshis of Jalpaiguri and Cooch Behar district as well. But, so far no work has been reported on the traditional bone setting practices of Rajbanshis of Coochbehar district. Therefore a study regarding the nature of traditional bone setting system practiced by the Rajbanshis and the degree of acceptance by the society and its relevance even at this twenty first century was felt imperative with an aim of strengthening the public health care infrastructure through integration of traditional and conventional bone setting practices under one roof.

Objective: This study seeks to understand the role played by traditional health care providers in the treatment for bone fracture with special reference to Rajbanshi health care practice

and the system of bone fracture treatment at Nishiganj area of Coochbehar district of West Bengal and to review their significance in the modern health care delivery system. It also aims to study how people utilize the health services of traditional orthopaedic practitioners in rural areas of Coochbehar of West Bengal.

Methodology

The present study was undertaken at Nishiganj area of Coochbehar district of West Bengal (Figure-1). It is a village within Mathabhanga II block of Coochbehar district. The area is entirely rural and the people are mainly involved with agricultural activities.

This cross sectional study adopted a purposive sampling method and was conducted between March to November 2014 for a period of nine months. A total of 65 patients coming to this centre for the treatment of mild to complicated cases of bone fracture and other related complaints were selected as subjects for interview. Besides, 5 Rajbanshi traditional bone setters of the centers were interviewed and their statements were recorded. Moreover, the assistants working in the centre, the guardians of the patients and local people were also approached. A semi-structured questionnaire was used as data collection instrument. Written permissions for conducting this study were sought from traditional orthopaedic practitioners and the patients were also verbally informed.

Background for Study: Rajbanshis, Their Health Care Practices and the System of Bone Setting: The Rajbanshis are the ethnic people of Coochbehar. It is conjectured that they are the mix of Dravidian stock with the Mongoloid. This indigenous

community originally called the 'Koch', had their habitat in Koch- Rajbangsi or Kamtapur but later have been dispersed in different parts of Assam, Bangladesh, Nepal and North Bengal, particularly in Jalpaiguri, Coochbehar and parts of Dinajpur and Malda districts. In Coochbehar district, Rajbanshis are one of the ethnic groups who belong to the scheduled caste category and they are by far the largest in number. This district retains about 37% of the total number (38, 01,677) of Rajbanshis of the state¹⁶.

Being a distinct cultural community, Rajbanshis have their own indigenous health care practices which do not belong to any systematized discipline rather can be described as "a body of knowledge, practices and techniques held by the communities or individuals and transmitted orally"¹⁷. In the treatment of minor illness to major and chronic diseases, they practice herbal therapy, follow different folk traditions and believe in various religious and occult practices. Like any indigenous community where the traditional knowledge is thought to be developed and enriched by intermixing of 'people's experiences with local environment'¹⁸, diversity and easy access to the herbs of medicinal value in the surrounding environ¹³ are the two big reasons for heavy reliance on herbs in Rajbanshi health care practice Since colonial period, there has been rise in the use of conventional health care practices in the country with the gradual erosion of its traditional counterpart. With time, these Rajbanshi people have also started shifting their choice. The possible reason behind this change is faster relief¹¹ and greater flexibility than the traditional system of healing and the continuing pressure of the changing medical tradition. Now, a situation of coexistence of both the traditional and conventional health care practices is prevailing within the community^{11,19,20}.

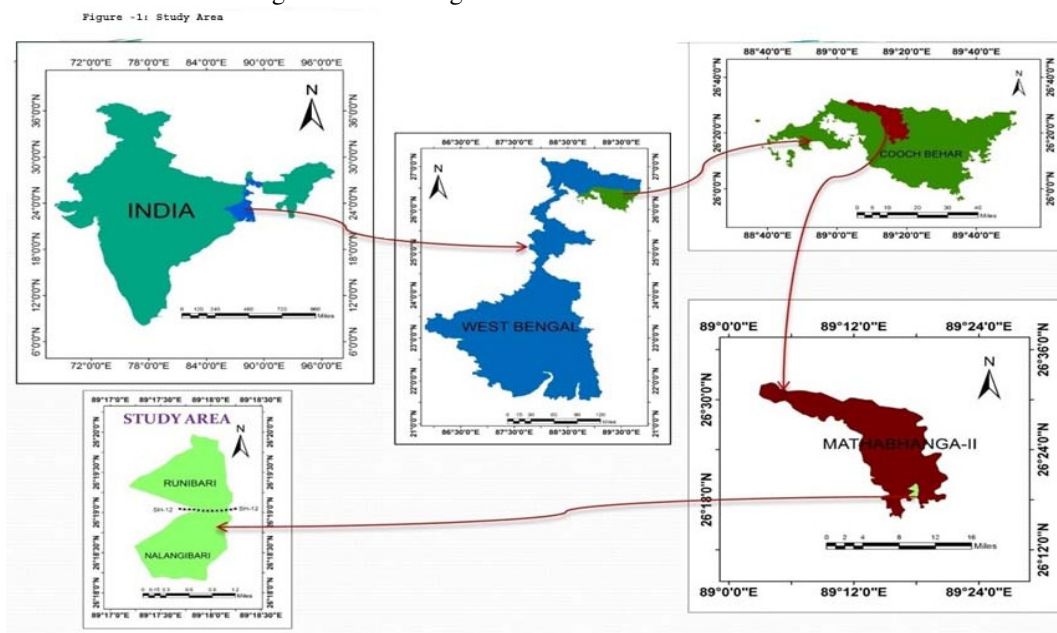


Figure-1
Study Area

The treatment of bone fracture was not unknown to Rajbanshis. For this treatment, they used to practice both the method of exorcism and the herbal therapy. It has been reported by Mandal¹³ that they use a mixture of raw turmeric, ginger juice, garlic and the leaf of *Viscam Album* (locally known as 'Harjorapata') tossed in raw mustard oil is applied on and around the fracture. They also believe in the method of exorcism with an oil message on the fractured area which can cure the problem. With this background of pre-existing knowledge, one Rajbanshi traditional healer from the Nishiganj area of Coochbehar district, named as Masur Mohan Eshore popularized the treatment of bone fracture on traditional methods. Although a number of mysterious stories air about the discovery of the bone fracture treatment by 'MasurVaidya' but this author feels that the knowledge of the fracture treatment was already there within the community and MasurVaidya only enriched the system of treatment with incorporation of SusrutaSamhita of Ayurvedic and trial and error method. With time, he became such an eminent in his profession, so that he became the 'Rajvaidya' of the Koch Kings of Coochbehar. Since his time to till date, the Nishiganj area has earned the fame for effective bone fracture treatment centre of West Bengal. At present the second and third generations of MasurVaidya family are running the center and practicing the treatment. This study was carried out to evaluate the significance of the traditional bone setters in the light of the Nishiganj bone fracture treatment center and their place in the present day conventional health care delivery system.

Results and Discussion

Characteristics of the Patients: The socio-demographic characteristics of the patients reveal that male are coming for treatment at this centre more in numbers (80%) than their female counterparts. The age groups of the respondents indicate that the working populations falling within the age group of 25 to 54 are visiting this clinic, followed by those above the age group of 55 and above. The people of the Hindu community (78%) are by far the largest in number and the Muslims are fewer in number. The reason for higher number of the Hindus is probably due to the fact that the people of this community from different other parts of the country particularly the Hindu dominated states of North and North- Eastern states are attending this centre. The same reason explains the higher proportion of general caste patients (53%) in spite of being situated at a scheduled caste dominated area. The information collected indicates that irrespective of their educational qualification, people are relying on the service of traditional healers, though the general trend of inclination of the people on the lower stratum of education towards the traditional bone setters has been observed. Moreover, income level of the patients indicate that the people of lower economic status having monthly income of below rupees 5000 are mainly opting for this method of treatment although it is not rejected by the higher income group (monthly income of rupees 20000), But irrespective of economic standard of the people, the

preponderance of rural folk (83%) indicates the importance of the traditional bone setters as health care providers in rural areas (Table-1).

Table-1
Characteristics of the Patients

Variables	Category of Patients	Frequency
Gender	Male	52
	Female	13
Age Group	Children(<14)	5
	Adults (14-54)	46
	Senior Citizens (above 54)	14
Religion	Hindu	51
	Muslim	14
Caste	General	35
	Scheduled Caste	25
	Minority	5
Educational Qualification	Illiterate	15
	Literate	50
Occupation	Farmer	29
	Business	1
	Service	4
	Informal jobs	31
Income	< Rs.5000	32
	5000-10000	29
	10000-20000	4
Origin	Rural	54
	Urban	11

Source: Field Study, 2014

Reasons for acceptance of Traditional Bone Setters: A number of research works relating to the advantages of traditional bone setters reveal that its worldwide acceptability is mainly due to the cheapness and easy access²¹ to services. The fear of amputation and surgery^{22,23} are other reasons for choosing traditional healers instead of the conventional ones.

This study finds that besides the above mentioned factors, quick service¹ and passionate behavior¹¹ are other reasons of patronage for the traditional bone setters in the study area. Moreover, there exists another reason indicating a strong belief³ on the curing capacity of the traditional bone setters which give them weightage over the conventional practitioners. This factor is confirmed by the fact that 70% of the patients opted for visiting the traditional bone setting treatment centre as their first choice and the remaining 30% reverted to this clinic after having complications in orthodox mode of treatment. This researcher, during the course of fieldwork, did not observe any case of complication arising out of traditional system of bone setting. Moreover, the traditional healers did not confirm any case of such complications of mal- union, non-union, gangrene and other deformities, which have been reported by many of the scholars^{2,23,24} in other areas of the world.

Conclusion

This study confirms that irrespective of gender, age, religion, caste, educational and economic status, the traditional bone setters are accepted by the society²⁵. This finding of the study affirms that even in this present century, the traditional bone setters play critical role as providers of rural health care system. The conventional orthopedic practitioners do not recognise the significance of the traditional healers but at the same time cannot refute their high degree of acceptance. Many studies indicate towards the health risks arising out of lack of anatomical knowledge, dearth of facilities at the Para-hospitals of the traditional bone setters for combating the emergency and serious cases. Yet their wide acceptance stresses that there is every possibility of integration of both the traditional and conventional health care systems. When the government aims to reach to the unserved and underserved corners of the country, the integration of these two parallel health care systems seems desirable. Although the government of India to some extent has incorporated the traditional healing methods within its National Health care strategy, yet there is no such recognition and efforts of integration of traditional bone setters into mainstream treatment process.

This author feels that the arrangements of proper training to the traditional bone setters are essential. This view finds conformity with the study of Callistus et al²⁵. The efforts for making provision of better infrastructural facilities at the Traditional bone setters' Para hospital to combat emergency and serious cases and building an environment of mutual trust and interdependence between traditional and orthodox practitioners, a stronger and effective public health care infrastructure could be developed. Moreover, the goal of attaining equity in achieving and accessing health care facilities could also be achieved.

Thus a strong health care integration model with an aim to relieving the burden of growing number of patients becomes a pressing need of time.

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