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Failed Cases of Unorthodox Medical Practices in a Developing Community

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Abstract:

Cases have been recorded in which traditional healers failed and resort was sought for the orthodox handling of them. Therefore, the examples were sought via the acknowledged importance of histopathology data pool in terms of epidemiologic analysis. Thus, this paper reports the experiences of the author in running such a pool among an ethnic group in Nigeria. The finding are deemed to be worthy of documentation.

Key words: Failure; Indigenous community; Lessons; Orthodox medicine; Orthodoxy

Introduction

In recent years, attention has been drawn to cases in whom treatment by unorthodox practitioners failed **[1,2]**. This failure was followed by appeal to modern orthodoxy. Examples are thought to be worthy of publication. They were carried out in line with Birmingham (UK) workers who emphasized that the establishment of a histopathology data pool facilitates epidemiological analysis **[3]**. Such a pool was established by the then Government of the Eastern Region of Nigeria. Incidentally, the author was the pioneer pathologist, who emphasized that Request Forms must be accompanied with biopsies as well as enough epidemiological data. Therefore, the author's experiences are portrayed by the analysis of interesting cases which occurred among the Ibo ethnic group **[4]**.

Results

These may be presented in tabular form here under.

No	Initials	Age	Sex	Problem	Diagnosis
1	AO	35	M	Fungating scalp lesion	Squamous carcinoma
2	NO	45	M	Rt leg ulcer	Squamous carcinoma
3	UF	18	M	Rt arm ulcer	Squamous carcinoma
4	AA	35	M	Bone fracture	Squamous carcinoma

5	IN	54	M	Chronic leg ulcer	Metastatic adenocarcinoma

Table 1: Failed cases of unorthodox practices.

Discussion

Three original reported cases concerned bone fractures which were so poorly treated as to end with amputation **[1]**. Also, 25 cases came up as bone setter's gangrene **[2].** The above series pertained mostly to males. In the present series, only males were involved. It would seem therefore that male activity tended to result in lesions, which turned out to be poorly managed.

What stood out locally was involvement of the legs with chronicity of the lesions which led to ulceration and then to squamous cell carcinomas. Incidentally, back in 1975, such a lesion was classically called "tropical ulcer" **[5].** Incidentally, the conclusion then ran explicitly thus: "We think the etiology may be a combination of the hot humid environment, trauma, local infection and malnutrition. Aggressive treatment of these ulcers is advocated, to heal the wounds and to prevent malignant transformation."

In conclusion, much work was done in the 1980s in several parts of the world **[6-8].** Nowadays, as an Australian research still shows the relevance of the subject **[9]**. Thus, every contribution on the subject is deemed to be worthy of research, seeing that any observations are still challenging.

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