CARE OF HANDS

By **N. Palani***

Introduction

IN LEPROSY where the sensory nerves are involved, the patient loses pain, touch, heat and cold sensations. In some patients, in addition to this, there is a loss of proprioceptive sense as well, i.e., the muscle, tendon and joint sense, in which case, the damage to the hands will be more extensive. The hand which is sensitive should be considered as a blind hand. "The most painful thing about leprosy is the lack of the "sense of pain."

The hands which have lost their sensation are very prone to injuries and burns. It is extremely difficult to lead a whole life without getting burns and injuries, and this is especially true for those who are doing manual work to earn their livelihood. They are forced to certain occupations which will be harmful to their hands. It is, therefore, important to educate the patient about the care of anaesthetic hands. The patients who have learnt to live with their anaesthetic hands without getting burns and injuries deserve to be highly respected for the simple reason that they have learnt to live a disciplined life, which is a very difficult achievement under the ordinary circumstances. It is encouraging to think that some of the patients have responded to education and have learnt a life of awareness.

BURNS

Burns occur when a patient comes in contact with hot objects such as a hot cup of coffee, hot food, the burning end of a cigarette, lighted lanterns etc. The dhoby who irons clothes, the woman who is engaged in cooking, and the blacksmith. These are further examples with a high risk of occupational hazard. To a normal person with normal hands, the danger is negligible compared to the person with an anaesthetic hand, to whom a burn will spell disaster, because he lacks the protective sense of pain which compels one to rest the injured limb.

PREVENTION

Here, more than in any other place, the saying that "Prevention is better than cure" is true. If the coffee is hot (and a careful patient will learn habitually to think that the coffee is always hot), the patient should use a piece of cloth to hold the cup with, or better still, he should get himself an insulated plastic tumbler. In cooking the patients should make use of spoons with long wooden or other insulated handles. They should be taught the use of a thick kitchen cloth to hold articles with. The patient should be weaned away from cigarettes or if this is a difficult achievement, he should at least use a cigarette holder. Clothe irons should be fitted with a wooden handle fixed at a high level in such a way that both conducted and radiated heat do not reach the hand.

Careless handling with insensitive hand

INJURIES

All manual labourers like farmers, carpenters, blacksmiths, and those who work in factories and workshops are prone to injuries. But the person with anaesthetic hand is more liable to injury, and what is more harmful, he is liable to neglect the injury when once it occurs. Tools and other rough surfaced materials like spades, ploughs, axes, etc. should be fitted with suitable large and smooth handles, and a layer of microcellular rubber covering may also be attached. Women who grind, scrub, collect firewood and twigs with bare hands will get injuries. Such people should be taught to use knitted gloves to save the hands from injuries. Factory workmen should be provided with leather gloves to work with. The dhoby who wrings out water from the clothes is likely to use an excessive force which could break the skin. For, he has lost pain which tells the normal person how much force to use or when to stop. Tailors may use excessive force in the act of cutting cloth without their being aware of it, because they lack the proprioceptive sense. Tailors and seamstrees may be unaware of a needle that might have passed clean through their fingers, till they notice blood on the table. These patients will have to be taught that there are such dangers

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Extensive burn caused by careless cooking

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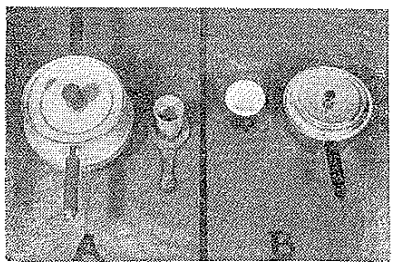
and how it could be prevented. Thus health education programme plays an important role in the prevention of such deformities. If deformities can be prevented in the very early stage itself, the rehabilitation of the patient becomes an easy task. The less deformed person is, the quicker, simpler and more complete is his rehabilitation. A normal person, when injured, becomes extremely careful in protecting the in ured part, since he would experience severe pain. But for the leprosy patient, this gift of pain is lost. He goes on using his injured limb further, just as he would use a hammer or some other tool. The repeated injuries cause destruction of the tendons, ligaments and bones leading to absorpition of the fingers. With caution and care, this destruction is avoidable.

CAUTION

During lepra reaction, the hand becomes swollen and in this phase the bone become soft and fragile. At this time, the hand should be given complete rest, and should be provided with a splint in the position of function until the reaction subsides. Any injured limb should be protected. The hand should be splinted with the wrist in 15 to 20 drs. of dorsiflexion, the metacarpophalangeal joints in 60 drs.



(A) Modified cooking vessels (old method)
(B) Insulated cooking vessels

flexion the interphalangeal joints at 45 drs. flexion, and the thumb partially abducted and opposed. Even if the hand become stiff in this position, it is still not such a disadvantage, since only a few degrees of movement are required to touch the finger tips with the thumb. He can now have atleast a "minimum function hand", whereas with an injured hand or a hand in reaction without the protection of splints he runs the risk of a totally crippled hand.

CONTRACTURES

When the motor nerves are affected and a motor paralysis ensues, the fingers are left closed and neglected. This will lead to flexion, contractures of the fingers, which take a long time to put right. In such cases, the physiotherapy must be begun early. The joints must be moved through their full range atleast once a day. The patient should be taught oil massage and exercises, which should be continued at home to keep the hands mobile until there is an opportunity for him to undergo reconstructive surgery. The patient with severe contractures also should be taught the above regimen. But all these patients should never be over enthusiastic and too vigorous in massaging their hands, thereby tearing their skin and injuring the softer structures.

CONTINUING ANAESTHESIA

Those who have undergone corrective surgery should be warned that even though their deformities have been corrected they will still continue to have anaesthesia. They should be told that they should continue to safeguard their hands free from burns and injuries and continue to protect them with the same vigilance, all through life for the man or woman who has lost sensation to feel heat or cold and the feeling of pain has to be chosen between two alternatives, a life-long vigilant discipline or a life-long crippledom.

Courtesy : The National Leprosy Control Programme Quarterly Report and News Bulletin

References

1. Paul W. Brand "Deformity can be prevented."

2. Richard, J Palani, N Selvapandian, A.J. "Prevention of injuries and tropic changes among agricultural labourers".—Control Study.

Xth International Leprosy Congress, Bergan, Norway.

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The Leprosy Patient

By **K.M. Gnanadhas***

The ancien fears and the peculiar linking of Leprosy with Sin and Karma are the reasoas why the leprosy patients are not generally accepted by the society. They suffer this agony along with the sufferings they have with the disease. The fear of Leprosy Patients can be analysed as (i) fear of rejection by the society and (ii) factors intrinsic to the experience of leprosy.

Why do the society has such an attitude when logically Leprosy should just be one of the tropical infections? Leprosy is not different as regards public reaction from such disorders as severe mental disorders, Tuberculosis and chronic skin diseases. The public has learned more and more about these afflictions as medical science has been able to improve the lot of the sufferers with these diseases.

Rejection by the society associates with the stress of inherited ideas and the ancient fears. It is very common for a patient to breakdown and weep when he is told that he has leprosy. The stress is more when the disease has resulted in facial disfigurement. It is further enhanced by the stress of unemployment. The patient is victimised by the society, employer and the Government. Out-moded laws make it impossible for him to get any work even though he may be completely non-infectious. He received no consideration from the authority. Too often the patient has to resort either to crime or to begging. He may become a tramp, thus increasing the chances of spreading his disease. Because of these consequences, patients conceal their disease until it has reached a stage at which concealment is no longer possible. Deformities and ulcreation make the patient repugnant to others, especially in countries like India where privacy is non-existent in the social class in which leprosy is rife. Poverty and malnutrition add to their burden.

In this state of mind, the patient may find it hard to follow the Doctors instructions and advices and in despair he may fly from one drug to another in an attempt to obtain a quick cure. The conse-

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