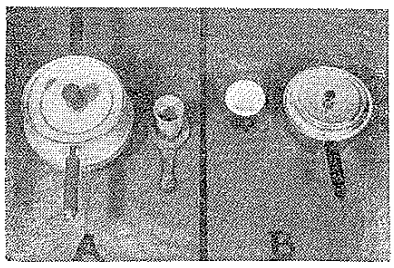
Care of Hands (*Contd. f. p. 13*)

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.

August, 1973.

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-

(*Contd. on page 16*)