

THE PROBLEM OF OSTEO-MALACIA AND RICKETS IN THE KANGRA VALLEY

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OSTEO-MALACIA is wide-spread in the Kangra Valley. The more investigation one makes the more amazed one becomes at the great prevalence of this disease. Not only has every village its cases but one can cite dozens of cases where two, three or four members of one family are suffering from this disease. A short time ago Col. Gill, Acting Inspector-General of Civil Hospital for the Punjab, came to our hospital to see Osteo-malacia cases and I had spread abroad the news that he wanted to see those suffering from this disease. Among the crowd of people gathered was a girl of 14 years. I asked her father why he had not



Six osteos in this picture the day Col. Gill came to hospital. There were many more on the hospital verandahs

brought along his wife who is also suffering from "Osteo"; and he said, "Miss Sahiba, I couldn't carry both my wife and child to hospital, so I brought only my daughter." A son of about thirteen years also has Osteo-malacia. He has the large painful joints of early rickets and the pelvic conditions which are found in Pate rickets or Osteo-malacia.

Yesterday a child of ten was brought to the out-door clinic. She had not been able to walk for over a year. She had pelvic, rib and sternum deformity. We wanted her to stay as an in-patient, but the brother said they could not remain, because he had to look after his mother who was more badly crippled than the child.

One day I went to watch a potter working at his wheel and while in the court-yard noticed that four members of the household had early or

pate rickets. Probably, other members would have shown symptoms, if we had examined them.

When, on tour, at Thural we went for a walk one evening and in passing a group of about one dozen houses a crowd of men, women and children came out to see the "mems" pass by. I noticed one or two children with rickets, so I asked whether there were others with such symptoms, and in that group we found six persons suffering from rickets or Osteo-malacia.

There is a beautiful village on the mountain side between Palampur and Dharmsala, and a man to whom I was talking about Osteo said, "Miss Sahiba, every woman in that village is bent double". Of course

that is an exaggeration, but there must be many, many cases, because people usually tell us that there are no cases in a village or that there are only one or two.

There is a village in the Sevalik hills towards Hoshiarpur, but yet belonging to the Kangra Valley where a great percentage of the inhabitants are suffering from joint pains and deformity.

When in Sujampur Tira, south of the Bias we were called to see a young Osteo patient who was pregnant. She was terrified, because she knew what difficult confinements Osteo patients have and how many of such lose their lives. When we were leaving I noticed in another room opening off the court-yard an older woman with the characteristic osteogait, so I called to her "Oh Osteo-woman, come out".

The members of the household

had not bothered to tell us that there was a second person suffering from Osteo-malacia. Who knows—there may have been two or three others.

I have just completed a survey of a nearby village where I saw and examined about 180 persons for Osteo-malacia or rickets. There I found that 48 per cent of the people of the whole village showed signs of the disease and among the chumars who are the poorest people the percentage was 73.68.



A married Brahmin child of twelve years

Osteo-malacia is a disease in which the calcium-phosphorus ratio in the body is upset. It results in softening of the bones and deformity plus pain in joints, sacrum and rib. In early rickets there is the deformity of the long bones, enlarged epiphyses and bossing of the head and in extreme cases, deformity of sternum, ribs and spine. In Pate rickets or Osteo-malacia there may be all the symptoms of early rickets with the addition of pelvic pain and deformity. There is a typical Osteo-malacia gait or waddle and often the patient finds it impossible to stand or walk. At night and in cold wet weather, the pain is usually more severe. Telany or spasms of hands and feet are usually present and are often severe enough to interfere with the use of the hands. Sometimes the spasms extend to the face and eyebrows.

The two chief causes of Osteo-malacia are lack of sunshine and improper diet. In the Kangra Valley the purdah system is almost unknown and the women lead a remarkably free life. In fact, Osteo-malacia and rickets seem to be commonest among the castes whose women work out-of-doors in tea fields, in their own grain fields, at pottery and other occupations which are carried on out-of-doors in the sunshine.

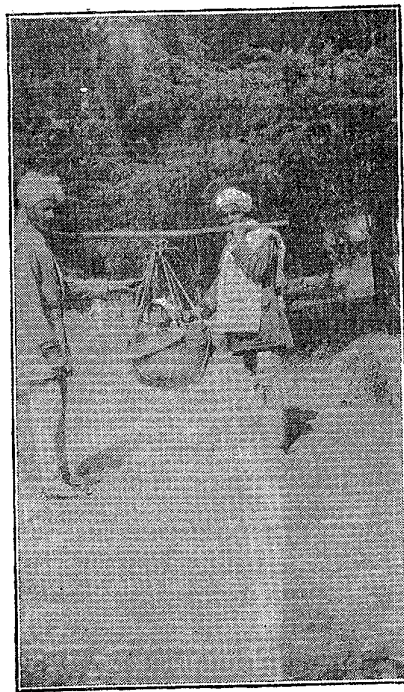
The Kangra Valley which rivals Kashmir in beauty appears to be a wonderfully fertile valley. Its tea used to be famous in the markets of Europe and America and its rice is in great demand in the Punjab, yet the food supply of the people is tremendously limited and it is one of those sections of India classed as bordering on famine. There are more cases of Osteo-malacia among the poor whose diet is restricted in quantity as well as in quality. They live close to the borderline of hunger and their limited supply of food consists chiefly of cereals which lack the essential vitamins. The wealthy have plenty to eat, but their diet also consists of carbo-hydrates. They do not know what foods are essential to provide a properly balanced diet.

I enjoy the look of indignation on the face of a wealthy Osteo-malacia patient's husband when I tell him that he does not give his wife good food. "Certainly, she has good food" is the hot quick answer. I ask "How much milk do you give her?" His face drops a bit and I answer for him "Four ounces at the most but usually none". "How much meat?" "None" is the answer. "Eggs?" The look of horror on his face is sufficient answer. "How often does she have fruit or raw vegetables?" She occasionally has fruit, but there is not much fruit grown in the Kangra Valley, outside Kulu. She never has raw vegetables. They are not considered good for one.

Osteo-malacia is one of the most satisfactory diseases to treat. If the patient carries out the simple orders, she is certain to report tremendous improvement within a few weeks. Often the patient has been suffering

for years and it is with great joy that I tell her that if she takes Cod-liver oil for six or eight months and proper food, she will be cured. Time and time again she replies, "Miss Sahiba, I have taken a lot of Cod-liver oil—eight bottles, and it did me no good." Invariably, I find that the patient has taken one of two popular brands of Cod-liver oil—a Cod-liver oil emulsion or a Cod-liver oil and malt. It is strange but true that these are useless in the treatment of Osteo-malacia. The purer the form of Cod-liver oil the better and to this we add lime water. Dozens of patients who have persevered with this treatment have been cured. I do not know of one who has not been relieved. Meat, milk, ghee and fruit or uncooked vegetables must be added to the patient's diet.

There are now Vitamin D preparations on the market which are very valuable. I have been using Ostelin and Vigantol for some months and am so convinced of their value that I shall probably use one or other of these for all Osteo-malacia in-patients.



A married osteo-malacia woman being carried to hospital. Two such appeared one morning

At the end of February, Kirpi was carried to hospital. She had suffered from Osteo-malacia for several years and for three weeks she had not been able to stand or walk and the pain was excruciating. She was put on a Vitamin D preparation plus good food and fruit and the results were marvellous. In four days' time she could stand, and she said that her pain was four annas in the rupee better. At the end of ten days she walked to my bungalow and back, a distance of about two hundred yards. Her husband expressed his delight by saying "This improvement is worth Rs. 1,000 to me". Three months later Kirpi walked to hospital and back home, a distance of nine or ten miles. Some pain still persists in

the sacral region, but otherwise she is well and happy.

Darompatti has been in hospital for five days. With the aid of a stick and many rests along the road she managed to walk to hospital, but when she wished to move about the hospital verandah, she finds it easier to

sit on the floor and shove herself along (rather hard on hospital clothing). She is being given meat, milk and fruit in addition to the ordinary food sent from her home. She is also on a Vitamin D. preparation and is being massaged regularly. Although she has been ill for a year, she already reports improvement.

These are but two of the great number of cases who have been cured. The patient must continue to have the right food, otherwise there will be a return of the pain and deformity.

It is such a satisfactory disease to treat, but the problem of Osteomalacia in the Kangra Valley is tremendous. How can it be wiped out and prevented? It is true that the medical students in our province are being impressed with the importance of recognizing and treating patients early, but it is a deficiency disease; and the great majority of our people are too poor to provide themselves with the necessary food. In some way their economic position must be improved. What a problem! They and the wealthy must be taught to understand food values. A little Osteomalacia drama was put on at the Palampur Mission Girls' School last winter. It has since been printed by the Educational department and circulated to all the girls' schools in the district. One of the masters in the Mission High School is translating into Urdu a simple outline of Osteomalacia which I wrote. I hope that it may be printed and spread broadcast through the Kangra Valley. As yet no steps have been taken by the Agriculture department to instruct the people regarding the relation of milk, fruit and vegetables to the disease Osteomalacia, but probably something will soon be done in this department.

IMPRESSIONS AND EXPERIENCES OF A NEW-COMER

IN the editorial of last month's issue of the 'Nursing Journal' an invitation was extended to new-comers to express some of their ideas regarding medical work in India. A new-comer is probably least of all qualified to say much, but perhaps one might venture to record a few first impressions and experiences.

I suppose the first shock that comes to every nurse on arriving in India is the realization of the appalling ignorance of the people regarding the simplest rudiments of hygiene. In the Western world the most illiterate person is aware that disease has something to do with germs even though he may know very little else. But it seems that in this country it is difficult to know where to begin; cleanliness has no apparent connection with godliness.