COUNTER IRRITATION- AN INDIGENOUS HEALING METHOD PRACTICED IN NEPAL BY SELF MADE DOCTORS

A CASE REPORT

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ABSTRACT

A rare case, wherein a brass pot adherent to the anterior abdominal wall in a 55 year old women as a result of counter irritant indigenous method of treatment for pain in rural and remote areas of Nepal is being reported. This would have led to grave consequences, if not treated timely.

KEY WORDS: Brass pot, Indigenous Healing method, Anterior abdominal wall, fibrosis.

INTRODUCTION

Counter irritant methods are being practised for the treatment of pain by quacks by touching ends of heated iron rods, heated metal pots. Like referred as “lota”, “Kalsa (figure 1)” etc. This case is a unique case of its type where the “indigenous counter irritation” was used for the treatment of pain abdomen i.e. the brass pot (about 10 litres capacity), was heated up and the mouth of the pitcher was placed on the infraumbilical, part of the anterior abdominal wall and the pot was tied in this position. After 5 days the practitioner tried to remove the pot, but the pot could not be removed.

CASE REPORT

A 55 year old female from Tarai district of Nepal was brought to the casualty of UCMS-TH with a brass pot (about 10 litres in size) fixed to anterior abdominal wall which could not be pulled out. This brass pot was heated by a practitioner and was applied to the anterior abdominal wall for treatment of pain abdomen, 8 days back.
On examination the brass pot was found adherent to the anterior abdominal wall of the patient. The patient had normal vitals. The patient was fully conscious.

The pot could not be removed manually. It was speculated that since a hot pot was placed over the anterior abdominal wall. Probably a vacuum has been created; hence the pot cannot be manually removed. As such the pot was split at its base by a “metal saw and” a plier.

Under general Anaesthesiaelectrolytical transverse incision was given around the mouth of the pot in the anterior abdominal wall and the pot could be removed along with a part of the abdominal wall. A loop of small intestines was also found sucked in the pot and was replaced. This part showed blisters due to burns. The wound was closed by interrupted sutures and the sutures were removed on the 9th day. Patient had uneventful recovery except for wound discharge which was managed conservatively. Regular following has been uneventful for 4 years (figure 4).

DISCUSSION

When the heated brass pot was placed over the anterior abdominal wall by the mouth side of the pot at the site of maximum pain, it produced burn at the margins of the mouth of the pot and inside. As the pot became cold, a vacuum was created inside the pot which sucked the anterior abdominal wall along with a small loop of intestines. The pot was tied to the abdomen. Subsequently the burn at the margin healed and epithelization and fibrosis took place which spread over the margin of the mouth of the pot. As such the pot became adherent to the abdominal wall. The counter irritant methods are being used by “Quacks” in the remote areas of Nepal. The far reached seated patients accept this treatment. The results after the indigenous method of counter irritation used by quacks for treatment of pain is a matter of detailed study.

The follow up of the patient was done and the patient was found to be healthy and free of pain.

REFERENCES