Title: Blind Faith in Traditional Healing Methods Lead to Rabies in a Young Female

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Abstract

A 28 year old female presented with the chief complaints of pain and needle pricking sensation in the right lower limb anddifficulty in drinking water for last 5 days. She had a history of stray, unprovoked dog bite over the Right limb 3 months back.She received some traditional plant based treatment and jhad phook immediately after the incidence at her village by a local traditional healer. Only after she developed the presenting symptoms mainly in the form of difficult in drinking water, she wastaken to the nearest CHC by her Family members, from where she was finally referred to a tertiary care hospital.

The main objective of this report is to highlight the consequences of delay in seeking appropriate medical care following animal bites which can take someone's Life and gullibility of people in rural areas over quacks and an unusually short incubation period of rabies

INTRODUCTION

Rabies is an acute, viral encephalitis occurs mostly among lower socio-economic groups and children aged 5 to 15 years inIndia.1, 2 In India, 18000 -20,000 cases occur in a year and it accounts for 36% of all deaths worldwide.3 For its effectiveprevention purified cell culture vaccines as well as immunoglobulin is available in government health facilities free of cost throughout the country. But still the trend of the disease is constant in India since many years and there is gross underreportingof cases too.3

Despite availability of all preventable measures free of cost, a remarkable number of cases are occurring every year due tolack of treatment, ignorance and blind beliefs in traditional healers. In many CHCs and PHCs of Odisha there is no regularsupply of anti-rabies vaccines and Rabies immunoglobulins (RIG) are available only in tertiary care hospitals like Medical College Hospitals & District Head Quarter Hospitals. In many places, the practicing doctors are sometimes not aware of themanagement protocols especially of RIG administration.

Practice of traditional healing methods and quacks in rural & backward areas are major obstacles for seeking treatment at the Primary Health center (PHC) for animal bite. People apply many organic substances like

karela leaves, turmeric etc., metallicobjects like thaali and armlets, some people also tie the wound site with a cloth piece believing that this would stop the poison from ascending up in the body, some try to suck that blood out from the wound.4

CASE PROFILE:

A 28 year old female patient, from Kainrapari village, Tangi of Cuttack district reported to the anti-rabies outdoor of SCB Medical College, Cuttack, Odisha on 1st September 2020 with the chief complaints of difficulty in drinking water and pain & needle pricking sensation in the right leg for last 5 days. Upon questioning, her relatives gave a history of dog bite over right leg 3 months back. It was a stray dog, bite was unprovoked and the status of the dog is unknown. They further mentioned that instead of taking her immediately to the nearest hospital, they treated her with some herbal medications over the wound at the nearest quack in their village at Tangi. On next day she was given some treatment in form of Jhad Phoonk by a local traditional healer. Even they did not wash the wound with soap and water.

Prior to her visit to SCB Medical College, the patient visited her nearest Community Health Center (CHC) in Tangi with thesame chief complaints on 31st August 2020, where she was attended by the doctor who accidentally diagnosed hydrophobia. Later his finding was corroborated with the history of dog bite that the patient's relatives mentioned about. There she was provided with symptomatic treatment for pain over the affected lower limb in the form of Diclofenac injection intramuscularly.She was then referred to SCB Medical College by the Medical officer of CHC Tangi for final diagnosis and further management.

Upon examination, the patient was conscious, oriented, responding to verbal commands. On general examination, moderate pallor was present but no icterus, cyanosis, clubbing or lymphadenopathy. Local examination of the affected lower limb showed black eschar over the wound over the anterior aspect supposedly due to application of juice of some plant root by the quack over it immediately after the incidence. She was complaining about needle pricking sensation and dull aching pain localized to the wound site, not subsiding by any medication.

Then, she was given a bottle of water to drink. Upon taking a sip, she developed violent facial muscle and pharyngeal musclespasms, confirming hydrophobia. Further, we performed a card test by blowing a piece of cardboard in front of her face, whereshe started gasping, demonstrating aerophobia.

Further examining her chest and abdomen by palpation and auscultation showed no apparent abnormal findings. Thus, weprovisionally diagnosed her as “clinical rabies case” and advised to shift the patient to the infectious disease ward of our hospital where she was treated with IV fluids and IV diazepam. After two days i.e. on 3rd September 2020, her relatives informed about her demise in the same morning.

DISCUSSION:

The patient was a 26 year old female from a village (rural area) of Odisha having a low socio-economic background. She aswell as her family members was not aware about the need for treatment of animal bite wounds in a health care setup. Similar studies conducted by Ramesh Masthi NR et al5 and Nupur Pattanaik et al6 describe cases of rabies from rural areas with a low socio-economic background in Karnataka and Cuttack, Odisha respectively.

In a study conducted by Satapathy DM et al7 in Ganjam district of Odisha showed that majority of rabies cases occur in ruralareas (77.4%) which is similar to our case. However, according to their study maximum cases are clustered between ages of 5
– 15years, unlike our case who was a 28 years old, which comprises of only 25% of the cases normally.

According to Satapathy DM et al7, the average incubation period was between 3 to 6 weeks in 45.2% cases. However, in ourcase, it was slightly on a higher side i.e. around 3 months where as another case of rabies documented by Ashe et al8 in Cuttack, Odisha with a longer incubation period of 4 years.

In India, till today people in rural areas have more faith in Local traditional healers & Quacks than allopathic system (Govt.Health System) and they delay in seeking the treatment at Govt. Health Facilities as was revealed in the study conducted by Satapathy DM et al7, where they found out that as many as 80.6% of rabies cases visited a traditional healer for any primary treatment. This is the same as in our case as well as another case documented by Nupur Pattanayak et al6. In another study conducted by DM Satapathy et al 4, of all the 24 rabies cases that they studied, all of them have attended and received some form of treatment by traditional system of medicine.

The patient developed the hydrophobia and aerophobia, which are pathognomonic features of Human Clinical Rabies. Similar case studies conducted by Ramesh Masthi NR et al5, Nupur Pattanaik et al6 and Ashe et al8 also elicited these two classical signs. Furthermore, the study conducted by Satapathy DM et al4, mentioned that 96.7% and 90.3% of their casesdemonstrated hydrophobia and aerophobia respectively.

CONCLUSION:

Rabies is fully preventable if correct appropriate medical treatment is sought from right person, at right time and at right place. Due to negligence & Ignorance of people, lack of awareness about the risk and first aid for animal bite wounds, blind faith onquacks, traditional healers & exorcists & in some cases lack of trust on government medical facilities many people abstain themselves from receiving a full course of anti-rabies vaccination. Therefore, to this date rabies cases are still emerging andunder reported.

Delay in reporting of cases at health facilities and gullibility of people are the major setbacks for achieving a rabies free nationby 2030

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