

## Domiciliary and Field Work

### Save our soles

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Damage of the posterior tibial nerve, resulting in anaesthetic feet, is very common in leprosy patients. Probably even more common than ulnar nerve damage. Foot ulcers are an unnecessary result of posterior tibial nerve damage and are often a major problem in the management of leprosy patients. We hope that the threefold S-O-S (Soak-Oil-Scrape; See-Observe-Secure; See-Organize-Sit) presented here will be helpful in the prevention of foot ulcers in the anaesthetic foot.

Soak your feet daily in soapy water. If you cannot get soap, you can use kitchen salt or even plain water. Afterwards, while the feet are still wet—

Oil them with any vegetable oil or Vaseline. This will soften the hard calluses so that you can—  
Scrape the sole of the feet with the blunt edge of a knife. Do not cut your feet. You might make an ulcer yourself. You can also use your fingernails or a pumice stone.



**Figure 1.** Soaking. Vaseline and pumice stone on bench.

See to your feet. Inspect them daily. Since you cannot feel you must see and you must think. Observe any little danger sign. Observe the slight swelling that is so often the first sign of a developing ulcer. Observe the slightly raised temperature that indicates the beginning of a haematoma. Observe the thick callus that so often leads to deep cracks and infection. Secure the right type of shoes. Wear them always. Keep them in good repair. See where you walk. Avoid sharp stones and thorns. Avoid walking on hot tarmac. Do not sit too close to the fire. Organize your daily life so that you avoid walking long distances. If possible, use the public bus, or buy yourself a bicycle or a mule.



**Figure 2.** 'Trimming' of cracks with pumice stone.

Sit whenever you can. Your bottom is much stronger than your anaesthetic feet. Much work is traditionally done standing but could also be done sitting. Do not squat when you sit in the evening gossiping in the village. Even if it is foreign to your culture, get yourself a stool to sit on.



**Figure 3.** Protective footwear. Canvas shoes with inlay of micro-cellular rubber (MCR), open sandals with MCR and a patient with a plasztazote shoe and a plaster cast for an ulcer.