

Hot-iron branding for musculoskeletal pain: A tribal ritual dying a slow death as primary healthcare system flourish

Dear editor,

A recent article entitled “Tribal population in India: A public health challenge and road to future” by Kumar *et al.* was well researched and enlightening.^[1] The article provided me some food for thought as I reminisce about our experience in one aspect of tribal medicine that is worth sharing. Tribal regions have their own set of healthcare problems and unmet needs. Working at the grass-root level and gathering relevant information is key to understand the comprehensive nature of health-related issues in a particular tribal area and is crucial to formulate strategies and establish welfare and primary healthcare machinery. The tribal population takes solace in rituals and tribal medicine for their ailments most of which may fail scientific scrutiny if not all. Some of the rituals, though very popular in older times, may seem barbaric today and one of them was hot-iron branding. Alien as it may sound to millennials, this practice still is prevalent in many tribal areas.^[2] In the tribal areas of the Kumaon region in Uttarakhand, this practice was once the first line home remedy for various health problems. We used to witness a handful of cases on a regular basis suffering from chronic unrelenting musculoskeletal pain managed primarily by hot-iron branding for years before coming for further consultation [Figure 1a, b]. There were also cases who were city-dwellers and who after a trial of allopathic treatment got their share of hot-iron branding. That was the time when the primary healthcare system was not robust and the dispensaries were rachitic. There was a dearth of doctors even for cities and let alone for far-flung tribal hinterlands. Within a decade, the number of patients that underwent hot-iron branding has been on a downward spiral. This feels good as many of them came to us with nonhealing skin wounds, superficial ulcers, and even cellulitis and we always believed these cases may be tip of the iceberg [Figure 1c]. We were not sure about the efficacy of the procedure *per se* because of marked subjective variations in outcome. The key reason for its decline, as we join the dots in retrospection, must be strengthening and availability of well functioning primary healthcare system in the length and breadth of the region. Though there needs to be much refinement in the



Figure 1: The image of cases of lower extremity pain (a) and medial arthritis knee pain (b) after hot-iron rod branding. The chronic ulcers in one patient following branding (c)

primary centers like proper staffing and doctor ratio still a mere presence of this first line of contact of an important public health platform is responsible for near-total abolishment of one ritual that is palpable to us and many. There/have always been strong voices from medical fraternity regarding statutory prohibition in this context.^[3] The impact of good primary care may be reflected in many areas but this one is heartfelt and underlines the importance of strengthening primary care to make world better place to live and thrive.

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Conflicts of interest

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