**PODOCONIOSIS Protocol from Mossy Foot Association Ethiopia; Information Sheets for care givers.**

Podoconiosis or non-filarial elephantiasis is a disease caused by long term exposure of bare feet to irritant soil. Microscopic mineral particles penetrate the dermis of the sole of the foot and cause chronic lymphatic damage especially in young adults who habitually walk barefoot in the highlands of tropical countries. There may be some genetic predisposition.

Treatment:

*Hygiene*. Demonstrate to the patient how to wash their feet in a basin of clean, cool water to which two drops of bleach have been added. Lather soap onto hands, clean leg from top of swelling downwards, finishing between toes, then rinse soap off with clear water. Dry carefully between the toes with a clean cloth or towel. Encourage the patient to wash both legs like this daily, even if only one leg is affected.

*Skin Care.* To improve the protection that the skin gives, show the patient how to rub a small piece of Whitfield's ointment or clean [cooking] oil into the skin of the feet and lower legs after washing.

*Surgery*. All patients will benefit from the basic treatment techniques described here. A very small number may benefit from removal of one or more nodules from the foot if they prevent comfortable footwear being worn, and may be referred for surgery.

*Bandages.* Patients with more swollen legs (often with softer skin, hence called 'water bag' type) will benefit from careful use of short stretch bandages. Demonstrate how to apply the bandage while the leg is elevated, from the toes to up above the knee Each patient will need at least 2 bandages for each affected leg, so he or she can wash one set of bandages while using the other.

*Socks & Shoes, Elevation & Movement*. Clean socks and closed shoes are vital in preventing further exposure to irritant soil. Some patients will be able to afford these themselves. If the patient cannot afford to buy shoes, but demonstrates commitment to self-treatment, they may be considered for subsidized or free footwear. Encourage the patient to perform toe points, ankle circles and calf raises 2-3 times per day. This will assist lymph return. Elevate the leg whenever possible by raising the foot end of the bed or resting the foot on a stool while if sitting.

*Social and Spiritual Support*. This depends on the needs of the patient in relation to their community. It may include: 1. Group support - individuals may exchange their stories or offer advice. 2. Individual counseling. 3. Vocational training (shoe making, beauty therapy, carpentry, electronic or mechanical repair are all skills that will take the patient way from farming and continued exposure to irritant soil). 4. Microcredit schemes - to enable patients to start up some form of trade.

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Further reading: www.podo.org