

SHOES WORK

PODOCONIOSIS A GUIDE FOR FARMERS

WHAT IS PODOCONIOSIS?

Podoconiosis is a painful non-infectious disease. It is a type of elephantiasis¹ resulting in a large swelling of the lower legs.

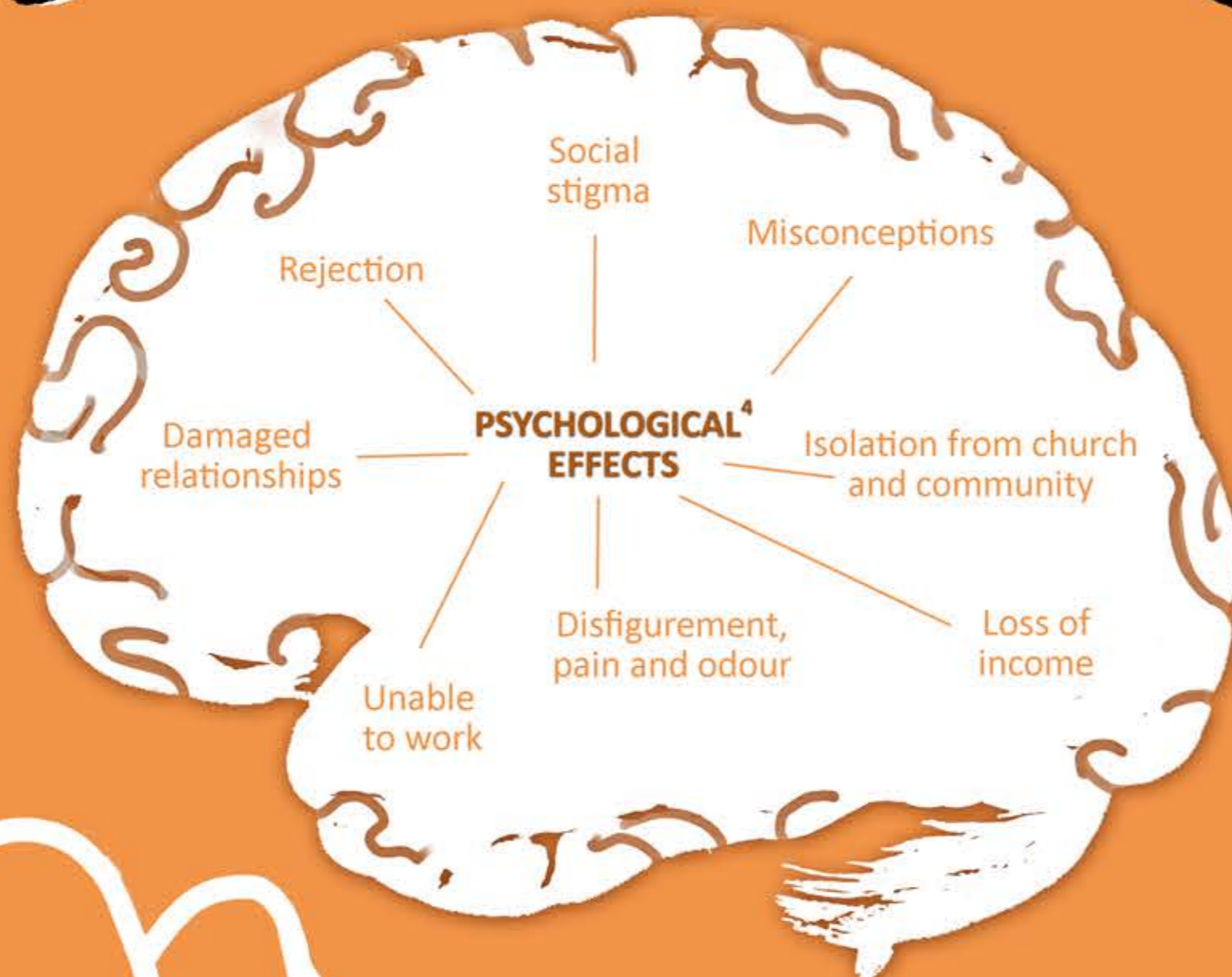
Podoconiosis is caused by working and standing in the irritant red-clay soil found in highly elevated regions,² usually near volcanoes.

The minerals found in red-clay soil can cause an inflammatory reaction in the lower leg and foot as the lymphatic system³ is damaged.

Podoconiosis tends to start in the foot with skin itching which can then crack. It can occur in one or both lower legs. Swelling is rare above the knee.²

The feet often develop hard nodules made up of fibrous lumps with different shaped out-growths³ due to changes in the connective tissue.

YOU CANNOT CATCH PODOCONIOSIS BY TOUCHING AN AFFECTED PERSON!



Treatment Equipment

- A basin
- Dilute antiseptic solution
- A bar of soap
- Anti-biotic cream for those that have infected skin
- Pressure dressings
- A pair of socks
- Shoes to wear in the day⁴

No.1

The legs and feet are soaked in a dilute antiseptic solution and then washed with water and a bar of soap

No.3

Treatment stages 1 & 2 are carried out daily and need to be continued for a year.

No.2

Next a moisturising lotion is put on the skin and then the legs and feet are bandaged.

No.4

Exercise can really help reduce the swelling by improving lymph drainage.

No.5

STOP further contact with soil and **WEAR SHOES**⁵

Pennie Mills
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Where Podoconiosis is Found¹



- | | | |
|-------------|-----------|---------------------|
| Mexico | Colombia | Cape Verde |
| Guatemala | Ecuador | Equatorial Guinea |
| Costa Rica | Venezuela | Sao Tome & Principe |
| Brazil | Rwanda | Cameroon |
| Honduras | Burundi | Sudan |
| El Salvador | Tanzania | Ethiopia |
| Nicaragua | India | Uganda & Kenya |
| | Sri Lanka | Indonesia |



Emellowa's Story⁶

Emellowa worked with her family on their farm. When she was 16 she noticed her feet had started to itch and crack. Emellowa thought it would go away if she did nothing, but it didn't. Her family had arranged for her to be married, but her intended husband refused to marry her because of her deformed feet and legs. He wrongly thought that she was cursed and unfit to be a wife.

Back at home Emellowa withdrew from daily life and didn't go out of the house. Hidden and shunned she endured the painful and disfiguring swelling for four years until her brother heard about a clinic set up to treat Podoconiosis and bought her there.

After one week of daily treatment she began feeling better.

Today Emellowa is married with a family. She helps others treat Podoconiosis and spreads the word that Podoconiosis can be 100% prevented by wearing shoes.⁴

Who Can Help

The Mossy Foot Foundation www.mossyfoot.com trains previous sufferers of Podoconiosis in your area to bring prevention messages to your local school, community and mosques.² It also operates vocational training where podoconiosis patients can learn a new profession such as shoe-making, beauty therapy and social work.

TOMS Shoes have made a commitment to give a pair of shoes to every child of affected parents in their *One for One* campaign.⁸

Other organisations that can help:
Footwork www.podo.org
International Orthodox Christian Charities www.ioccc.org
The Centre for Compassion and Global Health www.ccgh.org
Tropical Health Alliance Foundation www.thaf.org



The Transtheoretical Model of Change⁷

The Transtheoretical Model of Change helps develop an understanding of the decision making that a person goes through to bring about a process of change.⁷ It helps promote health behaviour. We can see how Emellowa has successfully moved through all the stages and can now recognise and support others on their journey through this health model. Positive reinforcement was given to Emellowa throughout the model to encourage her to continue with her treatment and maintain foot health free of Podoconiosis.



REFERENCES

- (1) World Health Organisation. (2016). Podoconiosis: endemic non-filarial elephantiasis. Retrieved April 17th 2016 from http://www.who.int/lymphatic_filariasis/epidemiology/podoconiosis/en/
- (2) The Mossy Foot Project. (2008). Retrieved 25th April 2016 from www.podo.org/resources/videos
- (3) Action on Podoconiosis. (2016). What is Podoconiosis? Retrieved 9th April 2016 from www.actiononpodo.com/about-podoconiosis.html
- (4) Deribe, K., Wanji, S., Shanji, O., Molyneux, D. and Davey, G. (2015) The Feasibility of Eliminating Podoconiosis. Bulletin of the World Health Organization, 93(10), 712-718. <http://dx.doi:10.2471/BLT.14.150276>. Accessed 25th April 2016
- (5) Davey, G., Tekola, F., and Newport, M. (2007). Podoconiosis: Non-infectious Geochemical Elephantiasis. Transactions of the Royal Society of Tropical Medicine and Hygiene, 101(12), 1175-1180. <http://dx.doi:10.1016/j.trstmh.2007.08.013>. Accessed 11th May 2016
- (6) International Orthodox Christian Charities, Inc. Fightpodo initiative (n.d). Retrieved 10th April 2016 from <http://www.ioccc.org>
- (7) Prochaska, J., and DiClemente, C. (1986). The Transtheoretical Approach: Towards a Systematic Eclectic Framework. In J.C. Narsoc (Ed.), Handbook of Eclectic Psychotherapy (pp.163-200). New York: Brunner Maz
- (8) TOMS Shoes. (2015). One For One. Retrieved 20th April 2016 from www.toms.co.uk/stories/giving/a-giving-account-specialists-visit-to-ethiopia
- (9) Podoconiosis map. (2016) Retrieved April 28th 2016 from <http://fundacionio.org/viajar/enfermedades/podoconiosis.html>