

'Charms' in Childrearing

Traditional or cultural practices are time honored rituals and beliefs which are prevalent in the community and they may pertain to a wide range of activities. A charm is defined as something worn about the person to ward off evil or ensure good fortune. Commonest purpose for use of a charm is for general wellbeing, and is found to be higher among people living in rural areas in joint family with poor socioeconomic status, or with advanced age of parents and poor literacy status of parents.

The traditional practices are so ingrained in the society that it is difficult to change them even when they are identified to be useless or harmful [1]. Though harmless, their presence can be a source of infection due to frequent contamination [2]. Moreover, they often result in delay in health-seeking with resultant deterioration of the child [3].

This study was done between October 2011 and September 2012 in the Department of Pediatrics, JJM Medical College, Davanagere. We studied 1000 children (500 cases with charms and 500 controls without charms) attending the hospital for the presence of Charms, and factors related to their usage; using a structured form, followed by interview with a single researcher (ANR). The case and control groups were comparable in terms of age, gender composition and religion. More than two-third cases (77.2%) and controls (71.2%) were younger than 5 years. There were no differences between cases and controls with respect to sex distribution (62.2% and 64.4% males) and religion (91% and 87.6% Hindus). 64% and 36% were from rural and urban areas. The various types of charms in the study were: *Tayatha* 41.2%, *Ele* (thread) and *Anthra* 26.1%, *Drishtimani* (string of beads) 10.6% and *Cheeti* 10.6%. Other types

constituted around 12%. Similar observations have been reported by other studies [4,5]. Most of the charms used are harmless. Each charm is usually related to particular symptoms or a disease, but most are non-specific. It can be suggested that culture and health beliefs should be taken into account when training programs are prepared to change traditional child care practices and to promote health behavior. A pediatrician should understand the local tradition and charms, which can guide in the clinical practice. Nursing education curriculums should also train nurses to assess traditional practices, to reinforce positive cultural practices, and to discourage potentially harmful ones.

Almost all the charms in the study were harmless. The results of this study can help health professionals to recognize the role of traditions in child health.

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Autoimmunity in Immunodeficiency

A 1-year-old boy presented with recurrent attacks of severe life threatening infections since 5 months of age, along with persistent diarrhea for last 3 months. He was visibly malnourished and had generalized erythroderma with scaling. Immunophenotyping from peripheral blood showed very low CD4+ and CD8+ count (9/ μ L and 94/ μ L,

respectively); CD4/CD8 ratio was 0.09. Immunoglobulin (IgM: 6 mg/100 mL, IgA: 6 mg/100 mL, IgG: 110 mg/100 mL, IgE: 5.71 U/mL) levels were below normal suggesting a diagnosis of Severe combined immunodeficiency (SCID). This patient developed high fever, hepatosplenomegaly and pancytopenia (total leukocyte count $0.3 \times 10^3/\mu$ L, neutrophil 12%, platelet count $78 \times 10^3/\mu$ L, hemoglobin 6.8 g/dL). Fasting triglycerides (342 mg/dL) and serum ferritin (9240 ng/mL) were raised, and bone marrow showed hemophagocytosis. Intravenous immunoglobulins were started along with