

A DERMATOLOGICAL INDUCED ATTEMPT BY A HUSBAND TO MAKE HIS ESTRANGED WIFE LEAVE HOME

Jayasooriya, R. P.¹, Sivasubramaniam M.², Chandrakirthi, W. A. N.²

¹Dept. of Forensic Medicine, Faculty of Medicine, University of Peradeniya, Sri Lanka

²J.M.O's Office, Teaching Hospital, Kandy, Sri Lanka

ABSTRACT

This case report presents a case of domestic violence using an unusual approach to compel the wife to leave home in an attempt to continue an extramarital affair. The method used by the husband in this case is a herbal plant known as *Dendrocnide sinuate* or commonly known in Sri Lanka as 'gas kahambiliya' or 'Ma Ussa' which causes a severe dermatological reaction.

Key words: Domestic violence, *Dendrocnide sinuate* Ma Ussa

Corresponding author:
rpjayasooriya@gmail.com

INTRODUCTION

Wife battering prevails not only in Sri Lanka but also worldwide. One in three women across the globe is physically or sexually abused during her lifetime, and many of them at the hands of the husband or intimate partner.¹ This case report discusses an unusual technique allegedly used by a husband to chase away his wife from his home. Thus, dried leaves of the 'MA-USSA' plant (*Dendrocnide sinuate*) that has potentially hyper-responsive dermatological and respiratory reaction were powdered and sprinkled on the wife's clothes and bed sheets to cause flare up of macula-papule eruptions on contact with skin.

Clinical History

A 33 year old married lady experienced urticaria rash after bathing and changing in to new clothes. She was repeatedly admitted to the local hospital for treatment. The rash subsided in one or two days after hospitalization and recurred after discharge when she revisited her husband's house. An itching macula-papule rash on the face, arms and legs was observed. It mostly occurred with bouts of fever. As a result of frequent admission, she was transferred to a tertiary care teaching hospital for specialized dermatological attention. The diagnosis was contact dermatitis by an unspecified agent. At the last admission, the patient was referred to the Judicial Medical Officer (JMO) as she had informed the dermatologist that she was frequently assaulted by her husband for two years asking her for divorce because he was having another extramarital affair. She had a history of being admitted to the local hospital on several occasions as a result of assault. She had informed this to the relevant police station several times previously. The Judicial Medical Officer (JMO) had taken a detailed history upon which the Police had strongly advised her husband to stop assaulting her and that if she complains again, he would be produced before the court of law for the institution of legal proceedings. After the police intervened, she was not assaulted as previously but she has been suffering from this particular skin condition. Her husband had suggested that she leaves his home immediately to her parents' house as she was at the risk of an allergic attack if she

remained in his residence and that if otherwise this dermatitis rash would not be cured. When she refused his advice her dermatitis condition became worse and she had to be admitted to the local hospital. At the end of the history taking and examination, the JMO advised her to search her clothes as well as the house (even husband's cupboards) carefully for causative factors of this skin condition. Then she found some dried leafy vegetable matter in her husband's brief case and found some packets that contained powder like leaf dust in it. When she came into contact with this leaf, she developed the same skin rash. This was the cause for her skin dermatitis which her husband had caused by keeping this leaf powder among her clothes.

DISCUSSION

Violence against women is a problem not only in Sri Lanka but all over the world. It is said to be as old as the history of mankind¹. It is a common practice in the traditional male dominated societies and where females have to depend totally upon their husbands. Although statistic does not indicate, it is quite a common problem in Sri Lanka. Most cases of wife battering are underreported. The main reason for this may probably be social and cultural habits. Mostly, the reason for the violence in a family may be poverty, pervasive psychological abuse, alcoholism, emotional insecurity and border line personality disorders².

Wife battering is defined as deliberate and demonstrable physical injuries caused by the marital partner^{2,3}. But this is not clearly satisfactory because certain forms of violence such as shaking may not leave demonstrable physical injuries. Especially, in this case her husband used to spray some leaf particles on her clothes and bed sheets and then she developed severe skin itching and dermatitis rash. This is also very devious type of wife battering. Her husband has used this special method because the police have strongly advised him to refrain from physical violence. So he had then selected this method of

hurting her (battering) without making her sustains physical injuries.

There is a common misconception among general public of the safety of so called herbal products. One seems to conveniently forget the definitive fatalities with plant poisons *G. superba* (Niyangala), *S. nuxvomika*, etc., still commonly observed in rural medical institutions. Furthermore, general surgeons and dermatologists encounter hypersensitive reactions on a regular basis for 'paththu' and various 'herbal' applications that are used as remedies for various ailments.

The plant that is being discussed here was identified by a botanist as *Dendrocnide sinuata*. It is a major shrub species in tropical evergreen forests. This species is well known in many languages throughout Asia, In Sinhala as 'MA-USSA' or "GAS KAHABILIYA" In Tamil Yanai meratti which means threatens elephants stinging tree, said to be planted at edge of villages to keep the wild elephant's away⁵. In English, Devil Nettle, Fever Nettle or Elephant fever Nettle. (Meaning 'tree nettle' with 'wavy leaf margin' in Greek). It is found in the forests of the Western Ghats of India, Sri Lanka and the Northeast and onwards into Southeast Asia⁵.

Some of its uses in herbal medicine have been scientifically validated. Upon contact with skin the nettle causes a painful itch, hives, fever and chills, skin depressions and clamminess which can recur over 10 days to six months. It's not sure what toxin in the plant causes such severe reactions but formic acid, serotonin, histamine, oxalic acid and tartaric acid are some of the suspected ingredients. When the antidote lime juice or turmeric is smeared on the affected areas apparently the symptoms immediately subside.

The juice of the root is reported to be used in chronic fevers. The roots are also boiled in water and the decoction is given to cure jaundice. The roots and leaves are used to prepare poultice and applied to heal boils, carbuncles, wounds, burns and rashes. The root extract has strong antibacterial activity

against both Gram (+) and Gram (-) bacteria due to presence of 2a, 3, 21, 24, 28-pentahydroxy-olean-12-enes. *Dendrocnide sinuata* has been used as medicine for curing diverse ailments including fever, chronic fever, malaria, dysentery, urinary disorder, irregular menstruation, swelling, blind abscesses and hypersensitivity by most ethnic tribal communities of North East India⁵.

CONCLUSION

There is a rare method of spouse abuse by using dried biological product of *Dendrocnide sinuata* plant.



Sri Lankan” MA-USSA “plant

REFERENCES

1. Violence against women. An issue of Human Rights. *Gend Action*: 1997; 1(4).
2. Saravanapavananthan N, Medico-Legal Aspect of Injuries. Jaffna: St Joseph's Catholic Press. 1988.
3. Knight B. Forensic Pathology. 2nd Edition. 1996. Arnold, London.
4. I. K, Bengamin J S. Spouse Abuse Comprehensive Textbook of Psychiatry. 4th Edition. 1985. Vol, 1, p 1092-1093.
5. Indian Journal of Natural Products and Resources, Vol. 1(1), March 2010.pp.17-21.
6. Samarasekera A, Wife Battering and Some of its Social and Medico- legal Aspects. Paper Presentation at the Academic Sessions of the Sri Lanka Medical Council. 1988.
7. World Health Organization (WHO) Report on 'Traditional Medicine Strategy', 2002-2005.