

# DEFACED AND BROKEN MIRROR

## FROM HELL TO NIRVANA (MOKSHA)

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India is among a handful of countries that witness the maximum number of horrific acid attacks on women. It is a social menace where in the majority of cases women are victims of brutal "acid attack", a highly corrosive chemical. The 'mind-set' of the perpetrator and the choice of this weapon points to a focused obsession to inflict life-long suffering on their victims.

According to data released by National Crime Records Bureau, the India Today Data Intelligence Unit (DIU) has found that between 2014 and 2018, there have been 1,483 victims of acid attacks in the country. However, the acid attacks can't be attributed an exclusive phenomenal to India and this is prevalent in many other countries, including the UK, which according to Acid Survivors Trust International (ASTI) the UK has one of the highest rates of acid attacks per capita in the world.

### The victim dies 'a hundred deaths'

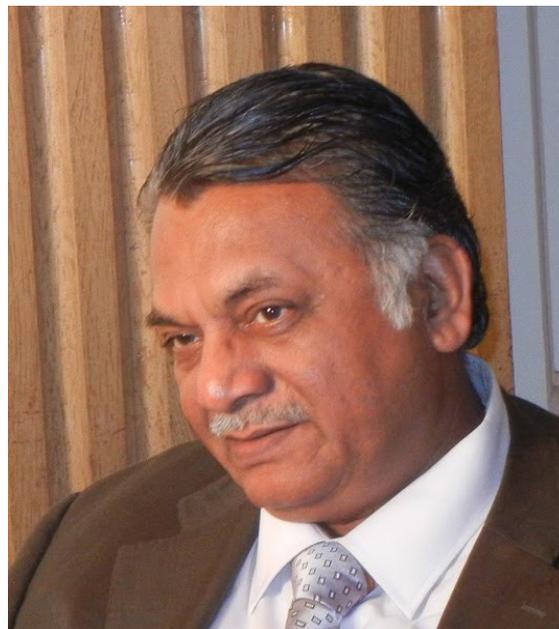
Acid attacks completely spoil and mutilate the face of the victim. As the victims are often caught unaware of the impending danger and least prepared to react in time to protect their face and in particular 'eyes'. The face is 'trademark' relevance for the human race. In particular, the female it is considered to be one of the most valuable assets, and when that is disfigured, their entire life turns topsy-turvy in those few seconds.

People with disfigurement are traumatized physically, psychologically and socially. Even with excellent medical care, the best that most of these people can hope for is survival. Many commit suicide. Here, the victim 'dies' a hundred deaths. The trauma and pain that goes beyond the physical suffering is indescribable as much as understood. Many of those lucky ones who would have access of any relevant medical care and brave the procedures to salvage with possibly reconstructive plastic surgery, are still emotionally scarred for life.

The medical fraternity approach to the acid-attack could be best reflected in two distinct challenges. One of it is the prevention and the second is the care and welfare of the victims.

### Prevention:

In a nation like India with a population of 1.36 billion and growing with diversity in customs, religion and languages it is a mammoth challenge to influence and shift the culture that is deeply entrenched cultural lifestyles.



**Prof (Dr) Ashok Gupta**  
Padma Shri

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There is a lot discussion and suggestion on the legal actions and limiting access to the corrosive materials so easily as a course for redress.!

However, the anger and hate that the perpetrator harbours eventually explodes with uncontrollable rage that results with such a catastrophic impact. And at this point, the prevention becomes almost undetectable and unstoppable. It is a major challenge for the professional's practitioners in the file of mental health to unearth any potential remedies that can aid prevention of such pathological madness.

Once the damage is done, all the modern society springs up with many solutions even though the culprit is apprehending - removed from the society where he could do no harm, perhaps assaulted in the process and then finally subjected to the process of legal-justice system.

The society needs to reflect on caring nature of its conduct and the state should invest into providing provisions for effective 'safety-nets' for the well-being of the communities. Recognising the role of mental health professionals would be a crucial investment.

### Care of the victim:

In most cases the acid attack victims are caught almost unaware. The first and most important is to have some information available to public about what to do in the situation.

A sound advice would be to make sure that the area around the victim is safe and to take measures, such as wearing gloves, to avoid contact with the chemical. Unless trained, not to waste time searching for an antidote to the chemical, and not to attempt to neutralize burns caused by acids or alkalis.

Acting as quickly as possible to minimise damage to the eyes, skin and surrounding tissues is valuable to the victim.

The most effective action to take is to try and wash the burn with bottle water or fresh water to disperse the chemical and stop the burning. Ensure water is not contaminated and try to douse the burns for at least 20 minutes.

If the substance has entered the victim's eyes, hold their eye under gently running cold water for at least 10 minutes and thoroughly irrigating the eyelid both inside and out.

Often there is considerable time lapse between acid attack and the victim being shifted to A&E or burns units. There is a limited access or none in many cities to provide definitive reconstructive surgery and appropriate rehabilitation.

When acid is thrown, it mostly damages the face, including the eyes, nose, lip, neck, throat, and sometimes the trunk or other body parts. For a medical team responding to the incident it is vital to know;

- How long the acid was in contact with the skin
- How quickly correct first aid was applied following the attack
- The locations on the body that have come into contact with the acid
- The concentration of the acid
- The variant of acid that was used
- The extent of the area affected by the acid

The quantity of tissue damage, tissues cicatrization and thickening of the underlying structures make it complex to do a reconstruction as compared to other burn injuries. Surgeries performed on these patients have been exceptionally difficult, challenging and innovative with regards to the deformities of the face. Often, these victims need multiple stages of painstakingly difficult, challenging and innovative reconstructive surgeries as well as a prolonged rehabilitation program and continuous financial support.

### Recommendations:

In most 'Acid attack' cases are not proven to be fatal, but the perpetrators seemed to have an intention of killing the victims' life potential through creating a barrier between them and society. It alienates the intended victims from others, hindering their ability to enjoy freely a full socializing lifestyle and disadvantages in securing any gainful employment. The social stigma attached to disfigurement also curtails their chances of getting married or having a family. It is a where the victim dies 'a hundred deaths'.

The devastating moment triggers a battle for survival of the living tissues and maintain functionalities of what is left on the body. It is a space in time where defaced and broken mirror the task of a reconstructive surgery team is do best for patient through the journey 'from hell to nirvana' (moksh). Given the expansion of innovation in medical technology, we are able to mend many through reconstructive surgeries, and hope that timely access to facilitate these both the system and resources are made available.

- Public education in recognising and reducing 'domestic violence' and affording the victims of such brutal attack the respect and dignity they deserve.
- Availability and access to professionally trained counsellors in mental and physical health.
- To enhance training in the reconstructive surgery at all medical colleges / teaching hospitals in the country.
- To make provisions for training Primary Care workers, Doctors and Ambulance staff in responding to 'acid attack'

victims.

- Any effective control on the accessibility of the acid.
- The victims are able to access appropriate medical help with well-equipped and trained staff to respond as early as possible.
- Need to maintain a mandatory national and regional register of acid-attack victims
- Develop a Rehabilitation and returning to career programme
- The Central government ensure that the cost of medical treatment, i rehabilitation and loss of earnings are provided in a grant form.

### A Case study:

L B, a 22 years young girl had acid thrown on her by her cousin. Almost 60 months later and with around 75 surgeries, she has made a remarkable facial and social restoration. She had multiple and complex problems and probably a museum of reconstructive challenges. From raw wounds, severe infection, septicemia, low haemoglobin, low protein, poor hygiene, to the severe cicatrization of the neck, severe contraction of the upper and lower eye-lids, loss of skin and soft tissue in the cheek and chin area, she posed a major surgical challenge.

We were able to salvage the vision in the left eye, which has almost come to 100% normal. Her right eye bulb was partially damaged. The re-construction of the badly damaged nose, started with a pre fabrication of the parts, bringing three different types of tissues from distant areas like the fore arm, thigh and abdomen, to shape like a nose and later transferred to the nose and upper lip. She has recovered fully with around 90% of the features within acceptable limits. She has travelled a long distance to the wedding pyre and a happy mother of a lovely boy. □

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