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RESEARCH ARTICLE

DISASTERS OF KHATNA OR RELIGIOUS MALE CIRCUMCISION

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Abstract

Introduction:- Male circumcision (MC) refers to partial or complete excision of foreskin or prepuce of penis. Generally categorized into Therapeutic, Prophylactic, Religious and Personal causes. In India, religious circumcision often seen amongst muslims called Khatna, arabic term for circumcision.

Aim:- To emphasize complications of religious male circumcision performed by traditional circumciser.

Duration Of Study:- 1 year between May 2021 till May 2022.

Methodology:- 240 samples obtained from both cases that presented to hospital in a span of 1 year and community based questionnaire used to survey 7 schools for circumcised male children between 1-10 years of age.

Discussion:- Very few epidemiological studies reported complications especially in a multi-ethnic country like India. There are wide fluctuations in prevalence of complications in reported studies possibly due to variation of methodological issues and definition of complications.

Results:- Of the 240 circumcised boys only 5% were performed by doctors and rest by traditional circumcisers with complications in 95 boys (39.5%). Most commonly observed complications were bleeding, seen in 37 (56.9%) and infection in 33 (50.7%) while the remaining were minimal.

Conclusion:- Protect the rights of children through community education and whether a National Health Program should be implemented for non-therapeutic MC on minors either free of charge or, atleast, for an affordable fee.

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Introduction:-

Male circumcision (MC) refers to partial or excision of foreskin or prepuce of penis. Generally speaking, MC can be classified according to four possible categories: 1) therapeutic circumcision (resolution of phimosis, chronic irritation of the glans, refractory balanoposthitis, etc.); 2) prophylactic circumcision (e.g. in newborns to prevent urinary tract infections in infancy); 3) ritual/religious circumcision (typical of Judaism and Islam); 4) circumcision for other, personal reasons. The only absolute indication is secondary phimosis due to Balanitis Xerotica Obliterans. It is contraindicated in congenital anomalies like hypospadias or epispadias, chordee of penile shaft, peno-scrotal webbing, prematurity and other medical causes.

Arguably circumcision, along with skull trephining, is the most ancient surgical procedure^[1]. Ritual circumcisions

are a part of many communities tribes of south Africa and many indigenous Australian tribes. Jews adopted circumcision from Egyptians and incorporated the practice as part of their religious rites^[2]. Usually performed by Mohel. Despite the fact that the Qu'ran does not explicitly mention circumcision, many Muslims are circumcised to follow the sunnah (practice) of Prophet Muhammad 2^[3].

In India, religious circumcision often seen amongst muslims called Khatna, arabic term for circumcision. It is usually performed by kalifa at home or in mosque. Sometimes mass circumcision called Isthmai khatna practised wherein large number of circumscisions undertaken in a ritualistic celebration.

Aim:-

To emphasize complications of religious male circumcision performed by traditional circumciser.

Duration Of Study-

1 year between May 2021 till May 2022.

Methodology:-

240 samples obtained from both cases that presented to hospital in a span of 1 year and community based questionnaire used to survey 7 schools in the regions of Loni, Pravarnagar, Babbleshwar and Kolhar for circumcised male children between 1-10 years of age. The parents of these children were interviewed with simple questionnaire list including age at circumcision, performed by whom, complications and was there need of seeking medical attention during or after event of circumcision.

Results:-

Of the 240 circumcised boys only 5% were performed by doctors and rest by traditional circumcisers with complications in 95 boys (39.5%).

PERFORMED BY	TOTAL	PERCENTAGE
DOCTOR	12	5%
TRADITIONAL CIRCUMCISER	224	95%

Most commonly observed complication was bleeding, seen in 37 (56.9%). Other complications were: infection in 33 (50.7%), skin necrosis and delayed healing in 8 (12.3%), hematoma in 4, excessive skin loss in 5, urinary retention in 2, inadequate circumcision in 2.

4 children presented to our hospital with complications following khatna where one had partial glans amputation with bleeding for which suturing was done, one with urethral stricture underwent suprapubic cystostomy, one with meatal stenosis was dilated, one with excessive skin removal underwent resuturing. They were investigated properly including blood hemogram, serology, coagulation profile, liver function tests. All patients had a black salve, an adhesive local preparation of ash and some local herbs which was applied post-circumcision by traditional circumcisers.



Fig.1



Fig.2

Figures 1 and 2:- Show same child with partial glans amputation with excessive bleeding.

**Fig.3****Fig.4**

Figures 3 and 4:- Show patient with excessive skin removal who underwent resuturing.

Discussion:-

Even though religious MC are widely performed daily very few epidemiological studies reported complications especially in a multi-linguistic and multi-ethnic country like India.

Our study revealed bleeding to be the commonest complication similar to Ahmed A et al study^[4]. Out of 240 individuals 56.9% had bleeding and 50.7% had infection. These can be avoided by careful operative techniques when performed by trained surgeons.

Although various articles exist most of them are of extreme opinions on benefits and risks of circumcision^[5-12]. There are wide fluctuations in prevalence of complications in reported studies possibly due to variation of methodological issues and definition of complications.

Conclusion:-

Circumcision performed by traditional circumcisers in unsterile settings with inadequate instruments without anaesthesia and poor after-care results in serious complications. There is a burning need to protect the rights of children through community education and whether a National Health Program should be implemented for non-therapeutic MC on minors either free of charge or, at least, at an affordable fee.

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Declarations:-

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Conflict of interest:

Authors declare no conflict of interest. No author listed has any financial or personal relationships that would skew the information presented.

Ethical approval:

Obtained from PIMS-DU.

Informed consent :

Written and oral informed consent was obtained from all individual participant's parents included in the study. Additional informed consent was obtained from all individuals participants for whom identifying information is included in this manuscript.

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