



MIGRANT HEALTH

newsline: clinical supplement

CAIDA DE MOLLERA: A Newborn and Early Infancy Health Risk

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This article illustrates why a patient label of the illness, *caida de mollera*, should be respected within modern medical systems. By respecting this patient label, health professionals can establish long-range rapport with patients of different cultures and raise the overall quality of patient care. In multicultural health care environments, respect of cultural differences is vital, but cultural respect and rapport are not the only reasons to pay attention to folk illnesses. *Caída de mollera* (the fallen fontanelle syndrome) in Hispanic cultures is an excellent counter example of the way a folk-labeled illness can be an important screening device for serious biomedical, not cultural, problems.

Virtually all societies recognize that newborns are at risk and vulnerable to disease. The health problems that infants encounter are given special attention by both the folk medical system and by modern medicine. *Caída de mollera* (sometimes called *mollera caída*) is an example of such a folk-labeled problem. It is a condition which occurs when an infant's anterior fontanelle is either visibly depressed or is assumed to have recently been depressed. Thus, it is in a "fallen" condition.

The folk explanatory model for the onset of *caída de mollera* is that the infant recently experienced some form of trauma. This trauma could have been caused by playfully tossing a child in the air and catching him or her, an accidental fall to the floor, a bump on the head, any kind of rough handling, or even suddenly withdrawing the nipple from the infant's mouth during nursing. These actions are thought to cause the fontanelle to be depressed. The folk model goes on to suggest that the depressed fontanelle "pushes on the brain," causing the cluster of symptoms that surround the identification of *caída de mollera* as an illness.

The folk diagnosis of *caída de mollera* is not based solely on the presence or absence of a depressed fontanelle. The infant must also exhibit a set of accompanying symptoms which include excessive crying, a reduced desire or ability to feed, diarrhea, vomiting, restlessness, and irritability. These symptoms typically persist for several days. Any diagnosis of *caída de mollera* is treated seriously, since the illness is generally thought to be fatal if not treated properly and in time.

As in all healing systems, the folk model explaining the cause of the illness contains the primary seeds for its treatment. Since *caída de mollera* is thought to be caused by a physical displacement of a body part, folk "cures" focus on removing the "causal" condition, rather than simply treating the symptoms. One common cure is to gently hold the infant upside down and then push up on the soft palate with the thumb. This is sometimes accompanied by dipping the soft spot in water, or patting the soles of the child's feet. A raw egg (or just the yolk) may be placed in

the fontanelle in combination with these cures, with the idea that as the egg dries it will lift the *mollera* back into place. A variation of this is to place softened bath soap in the fontanelle. Another common cure is one in which "healers" will fill their own mouth with water, put their mouth over the child's fontanelle, and suck on the fontanelle to "pull it back up."

The above information illustrates culturally related beliefs and practices which health providers are exposed to in modern multicultural health care settings. Many, if not most, providers would consider this interesting for rapport and useless for clinical practice. For example, some Mexican-American physicians who are sensitive to cultural issues, told me they thought the illness was just an old wife's tale they had heard about in their childhood, nothing to be taken seriously when a patient mentioned it to them. Yet the patients of those same physicians felt the illness was potentially fatal.

To compare the two varying viewpoints, I began to gather more specific data on how people recognize *caída de mollera* and how to treat it. A panel of 80 women who had treated *caída de mollera* in their households within the previous 12 months were selected as a group of folk experts. Each was asked to describe the symptoms they used to recognize the illness, to describe all of their treatments, how serious they felt the illness was, and whether or not they ever took an infant with the illness to a physician or told physicians about the illness.

Informants mentioned from one to eight symptoms. The most commonly stated symptoms are shown below.

Diarrhea	53.7%
Excessive crying	43.7%
Fever	36.2%
Loss of appetite	30.0%
Restlessness or irritability	25.0%
Watery eyes	22.0%
Inability to nurse	20.0%
Vomiting	20.0%

A total of 17 other symptoms were mentioned. Most of the informants grouped the symptoms into clusters ranging from two to eight, with the mode being three symptoms. A depressed fontanelle was rarely mentioned as a symptom. Positive diagnosis resulted from the presence of one symptom cluster and the recollection of a recent trauma affecting the infant.

Out of this information I created three symptom clusters that appeared to have all of the basic elements of *caída de mollera* and represented the significant differences in the clusters as presented by the women. The symptom clusters were labeled Patient-1,

Patient-2, and Patient-3 and were presented as case histories to a group of bilingual/bicultural physicians. The physicians were asked to look at the patient case histories in the same way as if a mother had called them and said that her infant had one of the symptom clusters. They were also asked what they would tell the mother, and what their preliminary diagnosis would be if they actually saw these symptom clusters based on their knowledge of the common problems in their geographical area.

The symptom clusters were as follows:

- Patient 1:** diarrhea, loss of appetite, fever, restless/irritable, excessive crying, occasional vomiting.
- Patient 2:** mucousy or watery eyes, inability to grip nipple, changed sound of nursing, excessive crying, restless/irritable.
- Patient 3:** sunken eyes, diarrhea, inability to nurse, changed sound of nursing.

The physicians agreed in their responses, and stated that Patients 1 and 3 probably had some form of gastroenteritis, possibly accompanied by mild to severe dehydration. They stated that Patient 2 appeared to have some kind of general systemic infection, which could possibly be as serious as encephalitis. Their advice to the mythical mothers of the three patients was to bring the infants into the clinic as soon as possible, due to the seriousness of dehydration and other potential complications. They felt the situations were potentially life threatening for the infants.

Earlier, this same group of physicians had been asked what they would do if a mother called and said her child had *caída de*

mollera. They all stated (in varying degrees of kind and not-so-kind language) that they would tell the mother not to believe in that kind of "superstitious nonsense." The physicians' reactions agreed with the women folk experts, in that the women said they would almost never mention *caída de mollera* to a physician, because doctors did not believe in the illness and would respond negatively. So both groups tend to avoid the use of the term.

This is unfortunate, because the findings of my studies make a very strong case that *caída de mollera* is a folk label for severe dehydration, with possibly as much as a 10 percent loss of body weight, which is certainly life threatening for an infant. The critical issue is that this condition is rarely presented to physicians at an early stage when it is first diagnosed as *mollera caída*, because of the fear of ridicule. It is also a problem because it illustrates one case in which the folk treatments for the illness do not address its true cause.

A consequence is that people who use modern health care facilities for other illnesses are staying away from appropriate medical care because of their perception that their beliefs in *caída de mollera* will be ridiculed. This article is presented to migrant health providers as a health advisory to encourage patients to use the term *caída de mollera*. A few patients do use the term, and for those who do, it is a significant indicator that the child should be brought in immediately for a clinical examination. For those people who do not use the term, but treat the illness through folk remedies, the use of the term should be encouraged so that health professionals do not lose a good screening device for problems in seriously at-risk infants. Migrant health projects with outreach programs may also want to apply this information in their triage mechanisms for appropriate referral to the clinic.

CAIDA DE MOLLERA

El remedio casero que consiste en "levantar la mollera" no hace provecho y puede hacer daño al niño.

La caída de mollera no tiene nada que ver con la posición de los sesos.

LA CAIDA DE LA MOLLERA ES UNA SENA DE LA DESHIDRATACION, es decir que el niño está perdiendo más líquido del que está tomando. Esto muchas veces se debe a la diarrea, o a la diarrea con basca (vómitos).*



Si su bebé tiene la mollera caída siga dándole bastante líquidos (leche, jugos, té o agua de arroz con azúcar) y LLEVELO A LA CLINICA INMEDIATAMENTE POR TRATAMIENTO MEDICO.

*Excerpts and artwork from: Werner, David. *Donde no Hay Doctor*. Argentina, Mexico: Editorial Pax-México, 1975, p. 10.