PROSPECTS FOR LEPROSY CONTROL IN THE EIGHTIES

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MOST people have very hazy ideas about the damage that leprosy does in the body. Actually, more people are crippled from leprosy than from any other single disease. Many of the victims of leprosy who have lost the full use of their hands and feet are also blind. How does it all come about?

Leprosy is considered a communicable disease. The lepromatous patients are the main source of infection. Appropriate treatment will reduce the incident of leprosy. Over the last three decades dapsone mass-therapy administered to out-patients has been largely used with variable results. Combined therapy has been effective. But the present situation of leprosy in the world calls however for an adjustment of control methods with fast acting therapy or vaccination. Sulphone resistance is a new determinant which calls for a dramatic reconsideration of the present methods of leprosy control.

Treatment of early lesions is of tremendous importance. The importance of the nose in the lepromatous leprosy is now generally accepted. And leprosy bacillaes have been found in the respiratory system in leprosy, suggesting that this may be the portal of entry. But the machanically transferring of the viable bacilli from the patient to the susceptible contact is still open to debate. The factors concerned with the neuropathy of leprosy is of crucial interest to the patient as well as to the leprosy team. The pathogenesis of nerve damage is accorded to factors like temperature, trauma, intraneural pressure and lympocytic infiltration and is the cause of much concern in the rehabilitation of the patient.

Early recognition of the damage, especially during the reactional episodes will prevent much nerve damage. It is here that the pathophysiologist, the nurse, the physiotherapist can be mutually helpful. The idea of team work of physicians, surgeons, nurses, physiotherapists and paramedical workers cannot be stressed enough in the motivation of the patient as well as of the staff. Health information and health education could prevent much tissue damage and maintain the capacity of the patient to earn a living. The society should be educated to assist in the rehabilitation of the patient.

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The socio-medical and socio-cultural setting is of utmost importance for the successful rehabilitation of the leprosy patient. Employment of the deformed, especially the deformed leprosy patient is difficult to achieve. The leprosy patient is still a victim of the historic attitude to leprosy and it's victims. The circle of fear, stigma and prejudice can be interrupted only by effective health education which hitherto has been the missing element in the control of leprosy. Health education starts at home and will motivate the patient for regular treatment and would make it possible to examine the contacts treated adequately, economically and sympathetically. In the field of leprosy, mental health is very important and require a psychosomatic approach in order to provide the best assistance for the patients.

THE TREATMENT OF LEPROSY

The treatment of leprosy is an integrated programme in which medical, psycological, social and educational knowledge is working in cooperation as a team in a forthgoing process. The nurse has the main part of the direct work with the patient and must be able to assist in cooperation of these groups of workers in the treatment, occupation and training of the patient. At present, with existing drugs and the prevailing socio-economic and cultural conditions, the prospects of controlling leprosy in a few decades are not bright. Dapson has a slow effect in the serious forms of leprosy. This is a main shortcoming as well as drug resistance. And for that reason combined treatment is recommended in more and more cases.

During reactions acute neuritis may cripple overnight and acute iritis can lead rapidly to blindness. Inflamed skin lesions and nerves can be extremely painful. And the four main principles in the management of reactions are to control the acute neuritis and prevent paralysis and contractures, to prevent blindness, to kill the bacillus and prevent extension of the disease as well as to control pain. Although there may be minor differences in the management of a patient in reaction depending on the type of leprosy, it is the severity of the reaction that determines the management. Early diagnosis and treatment and energetic management of reaction status would prevent the development of all disabilities. A practical approach to management involves four measures like anti-inflamatory therapy of

mild reactions by aspirine, chloroquine antimonals and thalidomide. In severe reactions with treating of paralysis, serious skin ulcerations, iritis, orchitis, and fever, anti-inflamatory treatment is given to avoid disability.

In cases of neuritis the most rapid control is essential and corticosteroids may be the only choice of drug in such cases. It must be remembered, that corticosteroids suppress immune responses and thereby encourage bacilary multiplication. It is therefore necessary to continue antileprosy therapy while such drugs are given. Other side effects of steroids include salt and water retention, the development of Cushin's syndrome with osteoporosis, diabetes and muscle wasting and the activation of peptic ulcer. Clofazimine is indicated for reactions in patients who cannot be weaned off corticosteroids or who are troubled with continued ENL (ERYTHEMA NODOSUM LEPROSUM). When the reaction has subsided, clofazimine is slowly withdrawn and dapsone restarted. Analgesic therapy is given in mild reactions. Intraneural injections of prednisolone can relieve dramatically the pain of acute neuritis. They are however liable to damage the nerve and increase scarring. Adequate doses of systematic steroids are equally effective and are to be preferred since they relieve infiltration in all the nerves and not just those of which the patient complains most.

Surgery may be necessary if a nerve abcess develops. Splinting and excercise may be necessary in severe reaction. Immobilization of the affected limb is helpful to retrieve pain. Properly splinted limb assist a hand or foot to survive even a severely type of reaction. Unsplinted limbs develop contractures and become deformed. The splint is left 24 hrs a day until the inflammation begins to subside, being removed only for exercise. Antibacterial therapy must be continued as long as the infection is present. The rehabilitation of the patient starts with medical treatment and treatment of deformities and is only completed, when the patient has been placed in a work, which his condition qualifies him to do.

PRINCIPLES IN NURSING CARE OF THE LEPROSY PATIENT

The nurse should be keen to achieve the very best results in the interest of the patient and of the society. She should therefore show interest in learning the necessary procedures in nursing care of patients, suffering from this disease, according to the latest developments. The nurse must be able to observe the patients conditions and understand the total need for nursing and health care. She must know about the psycological aspects and assist in the change of attitude of the society towards the patient suffering from leprosy. In order that the nurse will be able to care for the more serious cases of leprosy patients it is essential that she acquires a scientific knowledge of the disease as well as the drugs prescribed by the physician. The time the patient spends in hospital should be fully utilized to support and observe the patient in the process of rehabilitation before discharge. She must be able to analyse the total need of the patient in the medical phase of rehabilitation, where the role of the nurse is most active. She must be able to carefully observe the seriously ill patient in order that she can coordinate the treatment according to the need of the patient. The nurse must understand the physical as well as the mental problem in the care of the patients. She should understand that the discrimination, which the leprosy patient meets in sociey can be the cause of psychosomatic sufferings, which may result in the patient being aggressive, or apathic and the conditions getting worse. Deformities, isolation from the family may result in neural symptoms and psychotic reactions. The nurse should know, that such patients may not cooperate in the treatment, and that the result of the treatment depends on the understanding of such symptoms. Therefore the nurse should increase her knowledge on how to diagnose the psychological problems of the patient. Medical orthopaedic and rehabilitation nursing does not have any effect if the social psychological need is not met. The nurse should know the development of leprosy symptoms in relation to the specific problems in the medical, surgical, physical, rehabilitation and social aspects of the treatment as well as the prophylactic and scientific aspects. The nurse should also know about the national leprosy programme to enable her to advice the patient about treatment at home after discharge from the hospital. The nurse finally must be able to evaluate her own work and take part in the scientific work and understand the role she plays in the team of leprosy workers in order that she can meet the total need of nursing of the leprosy patient.

Leprosy nursing, as all other nursing, is based on the knowledge of the need of the patient and it is a specialized clinical work in nursing to make use of the new theories in the medical, physical, orthopaedic, plastic, ophthalmic and rehabilitation nursing, associated with the chronic disabling disease leprosy, based on the science, which is used in common nursing. The secret of success in leprosy nursing is dedication.

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In its recent meeting, the Council of the TNAI has given a considerable thought to this big problem of meeting the deficit and it was decided to APPEAL TO ALL THE LIFE MEMBERS TO CONTRIBUTE GENEROUSLY TOWARDS GENERAL FUND TO MEET THE DEFICIT and help the association grow from strength to strength to safeguard the social and economic welfare of nurses in our country.

Secretary, TNAI.

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