Rehabilitation in Leprosy

By T. N. Jagadisan*

REHABILITATION in relation to eprosy may be considered broadly under three heads :—(1) Prevention of physical disablity ; (2) Physical rehabilitation ; (3) Vocational Training and placement.

1. Prevention of physical disability :

This can be achieved by the *primary medical care of the patient.* (a) Early and adequate treatment coupled with health education directed towards the patient's intelligent participation in his own treatment, can prevent disability. Primary medical care can also prevent progressive disabilities even in those who have not come very early for treatment. Auxiliary medical workers, especially the nurses, can and *should* in the course of their normal duties give adequate attention to the prevention of disability in the leprosy patients whom they treat. They should remember to tell the patient that burns and wounds are avoidable if the patients actively remember that anaesthetic limbs are liable to be injured without the patient's knowing it and that vigilance on the part of the patient is most necessary to prevent injury. (b) Patients should be helped to dress and immobilize limbs with even minor injuries, wounds and ulcers. (c) Patients should be instructed in the simple care of early eye troubles. (d) Patients should be helped to obtain protective footwear and suitable modifications to their tools, utensils etc. with a view to avoid injury. All this will imply that not only the specialist rehabilitation team, but the physician and auxiliary medical workers engaged in leprosy control work should receive adequate training in simple methods of prevention of disability as part of primary medical care.

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2. Physical and Psychological Rehabilitation :

The handicaps in leprosy are two-fold : (a) Social and Psychological and (b) Physical. The leprosy patient often feels lonely and unwanted. Where his physical and emotional suffering has been great, his emotional reactions range from apathy to hatred, fatalistic resignation to antisocial bitterness. He therefore, needs sympathy and understanding from the medical and paramedical personnel. As far as possible they should go into his problems and alleviate his suffering by soothing sympathy and wherever possible by some positive help as well.

Through the ages, deformities have been the cause of terror against leprosy.

Underformed and Unmarked Patients :

For the purposes of rehabilitation, it is useful to divide leprosy patients into a number of categories and to suggest special measures for each category. In the first category might be placed patients who have recovered from leprosy and who have been unmarked by the disease, and have no deformity. For these patients, the chief contribution that we can make is to help them to find employement in existing trades and industries, preferably in association with their own village or home-town. Educational work with industrial organisations and industrial officers, and with the public may help in this direction. Also the good offices of the Social Workers and Welfare Officers may be valuable.

Patients with early and correctible deformities :

(a) **Prevention** : All patients with anaesthesia of the extremities, even without deformities, must be educated to prevent ulcers and deformity, and provided with such aids as sandals and chappals, improved handles for tools and cooking implements etc.

(b) **Correction** : Physiotherapy technicians can teach patients how to correct their own deformities by simple execises and other remedial methods, and can select patients suitable for transfer to centres for reconstructive surgery.

(c) **Re-education** : Centres must be established for training such patients in a way of life and of work so that they may compete on equal terms in the labour market and in the social life of the village.

Severely deformed patients :

(a) Prevention of further deformities by proper education. (b) Correction of existing deformities of surgery. (c) Education of the public to accept the patient and to care for him. (d) Provision of craft training for those who need to change their jobs. (e) For the small residue who cannot be accepted at home, a settlement may be necessary.

Complete Disability :

Patients who are blind or who have gross deformities, if they cannot be cared for at home, may require shelter in special homes with occupational therapy. Such homes need not be for leprosy patients only, but may be combined with homes for paraplegics and others. Voluntary organisations may be encouraged to take up this work.

3. Vocational Training and Placement :

Vocational Training Centre : The purpose of this is to give instruction in a definite trade to persons who have to change their occupation. This training should begin as soon as it is realised that a new trade will be necessary. Crafts should be chosen which can be continued by the patient after discharge by : (i) joining a local industry which does the same work, (ii) by continuing this work as a cottage industry in his own home, independently, (iii) by working at home, but selling his products to

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the training centre which will have a marketing organisation or (iv) by joining a Sheltered Workshop.

Trainees must be provided with hostel accommodation and food. The staff should consist of one instructor for each trade, and a physiotherapist or a physiotherapy technician.

Sheltered Workshop :

The purpose of this is to give continuing employment to those who cannot compete for employment outside. The employees live at their own homes, and provide for themselves from their own wages.

(a) A **factory-style workshop** employing all patients in one place. **(b) dispersed cottage industry** where a number of workers may be employed in their own homes making products which are assembled at a central workshop which has the marketing organisation.

In either case some integration should be attempted between persons disabled by leprosy and those disabled by other diseases and accidents.

Business advisors and Commercial travellers :

Trades for introduction in vocational training centres and workshops must be based on sound business principles and on ready markets and available raw materials. A panel of experienced businessmen may be asked to advise about the setting of such industries and about the methods of marketing.

Settlement :

For patients who cannot possibly find acceptance with their families or by the public, but who can do unskilled work, it is necessary to provide settlements where patients can live, and contribute towards their own support by work which is not harmful to them.

Placement Service :

Though the placement of many patients in jobs will have to be done by the efforts of individual workers, it is necessary that some regularised placement service be evolved which at a certain level should be linked up with that for other handicapped persons.

Social Services :

(a) From the day of admission prepare for later social re-adjustment ; (b) Keep contact with family and society ; (c) Contact with placement services for the sake of those who are discharged; (d) As far as possible keep contact with the discharged patient, this will prevent many from turning to begging; (e) Special attention should be devoted to young patients and to the children of in-patients for their complete education.

References :

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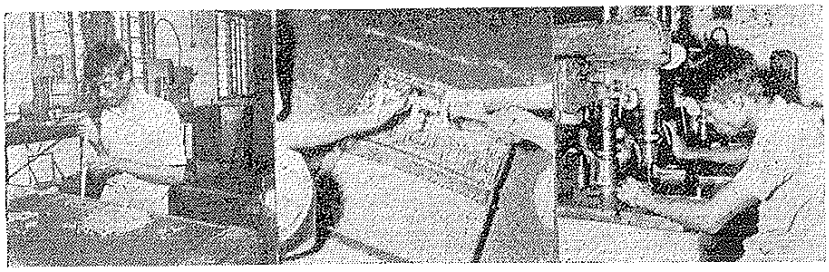
2. Report of the Republication Committee of the Tenth International Leprosy Congress, Bergen, 1973.



Leprosy-disabled men working at the Swedish Red Cross Rehabilitation Industries at Katpadi. They work side by side with other disabled persons

Leprosy Patient *(Contd. f. p. 14)*

quent reactions make his state of mind worse.

The first thing a medical man must do is to see the patient from his own angle and to accept him as a patient as any other with the same degree of courtesy and sympathy as others receive. Secondly, the public, the medical personnel and the politicians must be educated about this disease so as to bring about a more rational approach to the problem. Every effort must be made to eradicate the stigma suffered by the Leprosy patient.

REHABILITATION

We need to rehabilitate both the disease and the patient. We need to treat leprosy and other diseases in the same clinic and by the same people. Leprosy should be integrated into a general medical service. It is necessary to include Leprosy as an important subject in the syllabus for medical and nursing education.

The absence of social or legal protection and the lack of facilities to help the leprosy patient back to the society once he is cured are the major problems of rehabilitation.

Those who are engaged in leprosy work are not victims of the disease but are the vietims of failure in their efforts to give them adequate treatment due to the lethargy of the society and the authorities.

INTEGRATED APPROACH

There is need for an integrated approach for the rehabilitation of Leprosy patients which may be designed as :

(*i*) Preventive rehabilitation ;

(*ii*) Re-education and care of anaesthetic and deformed limbs ;

(*iii*) Vocational re-training and re-settlement.

The primary aim of such a programme should be to get each leprosy patient back to the society.

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