Leprosy Nursing in the 70's

*By Miss H. Johansen

January 30 is being observed as anti-Leprosy Day. The author, a nurse engaged in Leprosy work for the last 15 years, suggests the need for a new thinking to conquer the disease in view of the increasing number of leprosy patients in India.

OF INDIA'S 540 million people at least 2.5 million are suffering from leprosy of which only approximately 0.8 million are taking regular treatment. Most of the patients are treated in leprosy hospitals and out-patient clinics for leprosy patients.

The increasing number of patients, the possibility of prevention of deformities by early treatment and the effective results of modern medicine has resulted in a new thinking on how to solve the problem. The integration of leprosy treatment in the general medical care seems the only way to conquer the disease.

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.

Leprosy nursing is: HELPING THE PATIENT TO HELP HIMSELF TO THE HIGHEST DEGREE OF INDEPENDENCE AND FREEDOM WITHIN HIS NEED FOR MEDICAL AND SOCIAL CARE.

The Problem

Leprosy is known as the world's oldest, the most dreaded, most neglected and most misunderstood disease. It is a chronic infectious disease, caused by MYCOBAKTERIUM LEPRAE, which was discovered by the Norwegian physician A. Hansen, 1873.

Leprosy attacks the important nerves of hands, feet and face. Complications of untreated and wrongly treated leprosy are: deformities of the limbs, paralysis, ulcers, destruction of the small bones in the hands and feet and eye complications. The person who has been cured from advanced leprosy, which has resulted in scars and deformities, can be compared to an orthopaedic handicapped person.

The number of leprosy sufferers has doubled within the past 20 years and the total number in the world is about 15 million of which only approximately 2 million are under treatment.

The Modern Approach

Co-operation between scientists internationally has resulted in a fantastic revolution within the treatment. DIAMONO—DIPHENYL—SULPHONE (D.D.S.) tablets are known to be the miracle medicine, which was taken into use in the 40's.

The LEPROSY SURGERY, developed in the 50's has helped the handicapped patients with footdrop, clawhands, facial paralysis and other paralysis to regain the full use of their limbs through ortho/plastic operations.

The importance of PHYSICAL MEDICINE, on-the-job training and training in the rehabilitation of leprosy patients has indeed been recognised.

The national leprosy treatment programme is being supported by scientific tests. The purpose is to mop and examine the people in the infected areas, where treatment and health teaching is given and—if possible—rehabilitation, as well as examination of the contact cases.

As it has not yet been possible to make use of vaccination, there have been experiments of giving D.D.S. in minimum doses once weekly as a prophylactic treatment. The effectiveness of this seems to be especially among children.

The priority of mass treatment is high and the rehabilitation treatment is given low priority —an awful neglect of handicapped patients. Since the leprosy patients don't die from the disease it seems to get only low priority among the politicians. It is a degradation of the society, that human beings have to pay for the problem not yet being solved. Under the law all patients have equal rights to obtain treatment.

Modern Treatment

Leprosy patients are a part of the society. It would, therefore, be of high value, if the general hospitals were planned as to treat them. The integration of leprosy treatment in general medicine will be the only answer to fight the disease and to reach the root of the problem. This principle is being practised in some countries. This will result in a complete stop of the treatment in isolated institutions (in Argentina this was done by law). The treatment should then be carried out in leprosy-medical, surgical and social-medical-rehabilitation wards, connected to the general hospitals.

Leprosy is known to be the most contaminating of the less contaminating diseases. Therefore, it will be necessary to adopt certain isolation principles, which should also be carried out in the private practice of physicians, though leprosy—as far as we know—only spreads by close and constant contact.

With the purpose of giving train-

(*Contd. on page 28*)

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Leprosy Today

Leprosy cases are not all alike. A high proportion of them, the *tuberculoid* cases, amounting to over 70 per cent of the total number of cases in Africa, are benign. Generally negative on bacetriological examination, the lesion may look like those of ringworms, tend to regress spontaneously, and are only slightly infective, if at all. Only a certain proportion of patients (the number varies geographically) are strongly positive on bacteriological examination, seriously affected, and show a gradual progression of the disease when untreated. These are known as *lepromatous* cases. Because of their strong bacterial positivity, they are the principal source of contagion. Between these two polar types are the *indéterminate* cases, who are seldom bacteriologically positive. According to their resistance, they may evolve to one of the polar types. Treatment of such cases impedes their progression to the malignant form...

Dimensions

WHO estimated that, in 1966, leprosy cases in the world numbered 10,786,000. In 3,872,000 cases there was some disability, including impairment of sensation. The number of estimated cases per continent was : Africa—3,868,000 ; America—358,000 ; Asia—6,475,000 : Europe—52,000 ; Oceania—33,000.

In the last five years, more than 500,000 cases have been detected and registered in 75 countries but, taking into account both deaths and releases from control, the number of leprosy cases in 1970 probably did not differ greatly from the 1965 estimates. In spite of the scarcity of data, it appears likely that in most endemic countries the number of cases remains approximately the same....

In a study conducted in India, spontaneous arrest of the disease was seen in about 65 per cent. This is the main basis for the statement that leprosy is benign in relatively high proportion of cases.

In endemic countries, leprosy cases appeared in poorer areas and in relation to overcrowding. Environmental or pre-disposing factors seem important in spreading the disease, particularly among the most susceptible individuals.

Treatment

The drug currently used for treatment, dapsone, belongs to the sulfone group and is adminstered orally. Several other drugs have been tried, and some have been effective to a certain extent. However, the 1970 WHO Expert Committee on Leprosy feels that oral administration of dapsone is the most practical method for mass campaigns.

Experience in several centres shows that almost all lepromatous patients under very close supervision and regularly treated with sulfone for 10 years no longer show bacilli in skin smears. Among lepromatous cases detected early, about 90 per cent may become inactive or "arrested" after five years. Theoretically, in a leprosy control project with good case-finding and follow-up of patients, the amount of infectiousness should be significantly reduced in a relatively short time. However, dapsone has a slow effect in the serious forms of leprosy. This is its main shortcoming.

Staff

Salaries are not high enough to encourage staff members to devote themselves fully to leprosy work, so doctors prefer to work in other health sectors or to have private practices. First-rate work is extremely difficult when personnel do not work full-time nor receive adequate salaries. Leprosy campaigns have been further hampered by the appointment of personnel, even to managerial posts, who lack the necessary technical qualifications.

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.

(Extracts from World Health)

Prevention of deformities is the effective result of early treatment.