



Rehabilitation In Leprosy

A study of its problems and possibilities

By

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PREJUDICE dies hard even under the impact of knowledge. When, as in the case of leprosy, profound ignorance prevails, even among the members of the medical profession and educated classes, it is not surprising that blind beliefs and superstitions are so deeply entrenched. The tragedy of this state of affairs is evident in its resultant effects on the minds and lives of leprosy patients.

A man who has just learnt that he has signs of leprosy bestows but little thought on the disease itself, for he is stunned by the terrible realization of its effects on his domestic, professional and social life. He is overwhelmed with terror—not of the disease, but of public opinion and its consequence. He shudders at the prospect before him: shame, concealment, loss of career, poverty, the social stigma that will descend on his children. From first to last, it is not the disease that the leprosy patient dreads, but the attitude of people towards him and the dire results of that attitude on every aspect of his life.

This is the tragedy of leprosy. For too long have people regarded the leprosy patient from an emotional point of view. On the one hand there are those who view him with unreasoning terror and on the other there are those who regard him with extreme pity. Both these attitudes are wrong. A moderate, scientific and sensible approach would obviously go a long way to help him with the problem of his rehabilitation.

If a few simple truths about leprosy were more widely known and accepted, the problem of rehabilitation would be less difficult. Leprosy

is not hereditary, though several cases may occur in a family because of prolonged and close contact.

It is definitely not of venereal origin; not the result of sexual excess. Only about twenty-five per cent of leprosy patients are infective, and even in their case the infectivity is of a low order; in other words, one runs no risk by shaking hands with any leprosy patient, by eating with him once in a while, or sitting beside him in a train. Complete isolation of infective patients, in the sense of banishment from family and friends is unnecessary. Simple measures carried out in the home environment will suffice in many cases. Leprosy is in the main a painless disease: the paralysis of nerves is largely correctable. Leprosy does not kill nor does it damage the brain, heart or other vital organs of the body. Leprosy, especially in its early stages, is today considered to be a curable disease.

Statistics show that there are about ten million cases of leprosy in the world. Of these about two million are to be found in India where the disease is being tackled on a nation-wide scale by governments and private agencies. In the last ten years leprosy has been treated widely, cheaply and effectively with the Sulphone drugs and more and more patients are being declared cured today.

This fact brings into focus the urgency of the rehabilitation of leprosy patients. The pioneering work in leprosy rehabilitation started by Dr. Paul Brand in Vellore about 12 years ago brought to light three important facts:

- (a) That the paralysed hands and feet and damaged faces of leprosy patients could be surgically corrected.
- (b) That patients with reconstructed hands and feet could learn to use tools skilfully without causing injury to themselves.
- (c) That leprosy patients could be taught a trade by which they could earn a living.

It was realised at the outset that there are certain problems that have to be faced if the work was to be pushed forward intelligently and successfully. These problems may be classified under the following heads:

1. Danger of infection to the Public

Medical science has not been able to prove the exact mode by which leprosy is transmitted. Until this has been established, one cannot be too dogmatic on this point. One of the first steps in getting healed patients to be accepted in society is to tighten up the procedure for declaring a patient non-infectious. The public will place greater reliance on the statements of the medical advisers, when they know that proper care is being taken. The co-operation of the patient also will greatly aid in this campaign if he takes the necessary precautions that minimise danger of infection to the public.

2. The public is afraid of Leprosy

Even though the healed leprosy patient is non-infectious, people who come into contact with him still consider him infectious. Intensive propaganda is necessary to convince governments and indus-

trial organisations that slight or corrected deformity should not prevent a patient from holding a job. This propaganda is to be directed toward Medical Officers in Industry, Recruiting Officers and Welfare Officers. People sufficiently qualified to give talks should be called upon to address industrial managements. Articles and speeches dealing with the rehabilitation of the leprosy patient should find a place in the local newspapers and weeklies and for this the goodwill and co-operation of leading editors should be sought.

3. Stigma caused by deformities of Leprosy.

Deformities in leprosy may be slight or marked. They may occur in the face as in cases of lepromatous leprosy or they may be caused by paralysis of nerves in hands and feet as in neural leprosy. It must be emphasised in this connection that early treatment of leprosy patients is the best means of preventing subsequent deformity.

The establishment of more physiotherapy units where patients could learn care of the hands and feet will greatly help in this campaign. More important, is the setting up of surgical units where paralysed hands and feet, ulcers, saddle noses, loss of eyebrows, etc. could be surgically repaired. This obviously, would necessitate the training of more doctors in the speciality of reconstructive surgery in leprosy.

The public is often terrified of deformity caused by leprosy. The claw hand, the saddle nose and the trophic ulcer on the foot is commonly associated with leprosy in the mind of the public. This brands a patient as a 'leper'. It therefore becomes abundantly clear that plastic and reconstructive surgery combined with physiotherapy must play a vital role in any programme aimed at the rehabilitation of the leprosy patient.

4. Lack of Capital

Few leprosy patients have the capital to start independent business or buy land for farming. Even if he is taught a trade it often happens that he is unable to buy tools to set up work independently or if he did have the money at the beginning, he

usually has little or nothing left by the time he is cured of leprosy. In such cases, after careful investigation and assessment of potentialities, capital should be advanced to him from funds specially set aside for the purpose. Government help for Small Scale Industries and Cottage Industries could perhaps be sought to aid this cause.

5. Despair on the part of the patient

This is generally the outcome of many seemingly insurmountable factors put together. Loss of employment, lack of capital, deformity, public fear, the inability of other patients to return to normal life; all these factors sooner or later create despondency and loss of hope in the leprosy patient. This only emphasises the necessity for early rehabilitation. The longer he stays in this state of despondency, the more difficult are his chances of rehabilitation. Today most workers in the field of leprosy rehabilitation emphasise the fact that rehabilitation of the leprosy patient should begin on the day of diagnosis. During the period of treatment patient should on no account be left to idle away his time. All sanatoria should teach trades and social workers attached to the institutions should interview the patients at the earliest opportunity and start their programme of rehabilitation.

Whatever the odds against the leprosy patient are, time is his greatest asset. He should take full advantage of this time factor. The period of treatment usually takes from one to three years and this time can be put to good use by the patient. Unfortunately, in the past, this time has not been utilised to the best of a patient's advantage. Hitherto, nothing has been done to lift his despair. We should give a patient, entering a sanatorium for treatment, the confidence that the time he will spend on treatment will serve a two-fold purpose. It is not a time for despair, but of encouragement and preparation for the future when the patient will be taught how to provide for himself so that his life will be one of fulfilment and not of despondence.

Rehabilitation workers have observed that certain types of people are predisposed to begging, irres-

pective of whether they have leprosy or not. Often it is the deformities caused by leprosy that disqualifies a person for his job and makes him take to begging. When a person previously sensitive, begins to exhibit his deformities to the public in order to gain their sympathy, we have an established beggar. This may not be his fault. But it is our experience that the rehabilitation of such people is exceedingly difficult because they have lost their self-respect. The psychological adjustment made from 'sensitivity' to loss of self-respect is hard to reverse. Such patients should be admitted into beggar homes from where they could continue treatment if still infectious and given an occupation.

6. National unemployment

In a country such as ours with a huge unemployment problem, the rehabilitation of the healed leprosy patient is much more difficult than it would otherwise be. The solution may lie in:

(a) Setting up of independent enterprises.

(b) Setting up in various parts of the country voluntary units of influential people interested in leprosy, who could help as employment agents.

(c) Increasing the efficiency of the healed leprosy patient's work so that he could compete with his fellow men in the open market.

(d) Securing the help of government and business concerns in the task of rehabilitation by reservation of a small percentage of jobs for healed leprosy patients.

These, then, are the problems that have to be faced when one considers rehabilitation in connection with leprosy. With the realization of these problems one is better able to implement the work and carry it forward successfully.

In considering practical methods for rehabilitation, leprosy patients may be classified under four groups:

1. Patient with easily correctable deformities

All cases with loss of sensation in the extremities, even without deformities must be educated to

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