LEPROSY IN NEPAL

(Needs Change in our Attitude)

By

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1. Introduction

Statement of the Problem:

For the last two decades, scientific research has made impact in changing the attitude in leprosy work. It is well established knowledge today that leprosy is difficult to contract; that it can be diagnosed early, that it can be successfully treated and patients afflicted with leprosy can pursue a normal community life while undergoing treatment. In the scientific circle, the outlook in leprosy has undergone a big change but Nepal at large has yet to cognizance of the great achievement in medical research. Due to an entirely erroneous concept of superstitious and quasi-religious ideas in Nepal along with the existing legislation*, the approach to the control of leprosy has been facing

* Law of The Land—

- 1) A marriage will be declared null and void if the woman finds that her husband is suffering from any of the following complaints and she does not consent to continue the marriage relationship and the facts have been concealed by the go-between before the marriage took place:—
 - (a) Dumbness (b) Leprosy (c) etc. etc. The deceiver (go-between) shall be fined Rs. 500/
- 2) Vice versa in case of husband.
- 3) A man shall not marry another woman so long as his wife is alive or has not been divorced legally except in the following conditions:—
 - a) If the wife has got leprosy;
 - b) If the wife has got some incurable infectious disease of the genital tract;
 - c) If the wife is incurably insane;
 - d) If the couple is barren for ten years after marriage;
 - e) If the wife is crippled and is unable to walk;
 - f) If the wife is blind of both eyes;
- 4) The local governor or the magistrate shall send leprosy patients to the place meant for them by HMG/Nepal; but that place must have treatment facilities (the last clause is recently added).
- 5) A leprosy patient shall not be eligible in the Village Panchayat election—Village Panchayat Act.

with a certain amount of hindrance making the achievement still difficult. The existing practice of putting in Khokna and Malunga leprosoria is just like an ambulance parked at the bottom of a precipice. Khokna and Malunga are two government leprosoria in Nepal of century old fashion.

Purpose of the Paper

The purpose of this paper is to study the difference in prevalence rate and deformity rate of leprosy in the valley of Kathmandu as experienced by the writer working many years in leprosy service and now recently working as the dermatologist of Bir Hospital, the biggest general hospital in Nepal. The paper fully realises the value of building a fence at the top of the precipice rather than at the bottom.

A. Background

In the year 1963 A.D. WHO carried out a random sampling survey of leprosy in order to know prevalence rate of Kathmandu Valley. A short term consultant was here for four months. He was assisted by a WHO statistician. The given report was 1% as the prevalence rate.

TABLE I.

Showing the number of leprosy patients in 31 working days, i.e., during different times of the year 1970-71 in the out-patients, skin section, of Bir Hospital, Kathmandu

Date	Number of General Skin Diseases	L	NL	Total Leprosy Patients	Remarks
6 Oct.	50		1	1	
28 "	38		1	1	
29 "	35	1		1	
30 "	11		1	1	
1 Nov.	41		1	1	
2 "	54		1	1	
3 "	37		1	1	
4 "	48		3	3	
5 "	39		1	1	
6 "	27		2	2	
14 Dec.	25		1	1	
15 "	15		1	1	

Date	Number of General Skin Diseases	L	NL	Total Leprosy Patients	Remarks
16 Dec	22				
17 "	23				
18 "	34		1	1	
19 "	35		2	2	
20 "	25	1	2	3 -2	referred from Surg. side
21 "	49	1	1	2	
22 "	38	1	1	2	
25 "	30	1	1	2 -1	" "
27 "	25		1	1	
28 "	30	1	2	3 -1	" from Med. side
29 "	47	1	1	2 -1	" by a Med. Practitioner
1 Jan.	27		1	1	
3 "	24		1		
4 "	35	1	1	2	
5 "	30		1	1	
6 "			2	2	
7 "	50		2	2-1	referred from Med. side. It had ft. drop.
8 "	34	1		1	
10 "	40		1	1	
	<hr/> 1052			<hr/> 44	

L means Lepromatous; NL means Non-lepromatous

Prevalence Rate 4.1%

Deformity detected 2.3%

TABLE II.

Showing the number of patients attending the Central Leprosy Clinic during 31 working days, i.e. Dec. 16, 1970 to Jan. 20, 1971.

	NL	L	Total	Deformed
Male	11	15	26	5
Female	1	1	2	
Total	12	16	28	

Deformed detected 17.85 %

The writer surveyed 31,000 out of 39,746 school population in the three districts of the valley and prevalence scored was 8.6 per 1000.

Similarly mass survey was done on a population of 50,000 and the prevalence rate was only 2.1 per 1000. Most of the cases had this or that sort of deformity; only advanced cases appeared in the field.

Date on the Prevalence and Deformity

- A. Bir Hospital - Table No. I shows the detection of 4.1 cases in one hundred cases of general skin diseased patients. 87.4% of the patients came voluntarily not knowing what disease they had. Of all cases only one had deformity which had been

corrected giving the proportion of deformity as 2.3% only. It will not be out of place to mention here that all these found cases were referred to the Central Leprosy Clinic except for treatment of two cases.

B. Central Leprosy Clinic - Table No. II gives 18% of deformed cases in this clinic. It is but natural that this clinic gets most of the cases referred from Bir Hospital.

TABLE III

343 male patients of Khokna Leprosorium of Kathmandu, Nepal, showing various deformities and also without any deformities.

Bl.No.	Total Pts.	Without deformity	HL	H	L	HLE	HLEF	HLN	HLEM	HLEFN	N
1	29	8	17	1	1	1					
2	22	3	13	1	1						
3	38	9	17								
4	30	7	16								
5	34	10	13								
6	20	4	11								
7	26	7	10								
8	27	5	18								
9	27	5	15								
10	37	7	15								
11	27	1	15								
12	30	2	18								
	<hr/> 343	<hr/> 68	<hr/> 178								

TABLE IV

219 female patients of Khokna Leprosorium of Kathmandu, Nepal, showing various deformities and also without any deformities.

Bl.No.	Total Pts.	Without deformity	HL	H	L	HLE	HLEF	HLN	HLEN	H
1	18	1	8							
2	19	4	13							
3	18	6	9							
4	14	3	7							
5	17	4	10							
6	16	2	9							
7	22	4	12							
8	23	8	11							
9	21	9	12							
10	15	2	8							
11	18	2	7							
12	18	3	11							
<hr/> 219	<hr/> 219	<hr/> 48	<hr/> 117							

C. Khokna Leprosorium

Table No. III - The deformities are classified under the different headings under which the type of deformities are classified thus. The deformity of the hand may be from a little flexure deformity to the complete loss of fingers; so on and so forth with other deformities also.

Nearly 20% of all the cases examined had no deformity whatsoever. 52% had their hands and legs deformed. Hand only and legs only deformed is 7%. Other deformities are less than 5%.

Table No. IV - A glance at this table will be almost the same or similar to the table No. III.

Discussion

A. Discussion of the Finding of Each Variable.

The main remarkable difference if the finding of 4% leprosy cases in the general out-patient section of skin diseases, out of which only 2% were deformed. Only 11% of cases were referred ones; that also from Bir Hospital.

B. As mentioned before, all cases except two were sent to the leprosy clinic. 48% of cases were found lost on the way. 18% of cases had the deformity as compared to 2% of Bir Hospital cases.

C. Khokna Survey report of 562 cases that show the sequelae of the disease is more or less the same in both sexes. The fate of 80% of patients are horrible; that also affecting the earning members of the body to 52%.

B. Interpretation of the Significance of Each Finding

Cases found in Bir Hospital are the early ones without any deformity. The leprosy clinic had most of the secondary cases, i.e. referred ones.

Bir Hospital finding of 4% leprosy cases compared with the deformity of 2% with that of 80% of Khokna Leprosorium is of the greatest significance that can be interpreted.

The voluntary coming of patients in Bir Hospital can be interpreted with the fact that much attention should not be spent in motivating the patients to get the disease checked up at an early stage.

Conclusion Drawn From the Findings

The inflow of patients coming voluntarily without knowing the disease emphasises the value of health education at the same place. In other words, health education should start when a case is diagnosed. The loss of 48% of cases reveals the attitude of the

patients, relatives and friends to the name leprosy and the place leprosy clinic. The finding of greatest number of leprosy cases has challenged to find a right place to treat leprosy cases.

In short general hospital Out-patients Department is the most suitable place to detect and treat early cases of leprosy. It should not be the place to mention simply that it was not the place to get the treatment but only a place meant for referring to leprosy clinic. It is the place where leprosy patients love to come; it is the place where the doctors working in leprosy get the best co-operation from other branches of medical science, and the also for the whole and sole benefit of leprosy patient. It is the best place where Nepal can not only heal but also prevent the social implication of a broken home. It is the place to learn that leprosy is neither a curse nor an incurable disease.....It needs change in our attitude.

Suggestion for Further Works

Similar work as at Bir Hospital at present should be carried on permanently opening a section of leprosy. The example should be followed by other hospitals. With this all leprosy workers should get training in general skin diseases too.

Summary

In short, various prevalence rate of leprosy with and without deformity were discussed. Emphasis was laid upon the right place to find early cases of leprosy; early cases with treatment means leprosy without horror.

It can be hoped that in near future proper understanding of the right place by the people to treat leprosy, the least contagious disease, will soon be understood.

Acknowledgement

The writer acknowledges his thanks to Dr. D.P. Manandhar, Medical Superintendent of Bir Hospital for allowing to collect the statistics from Bir Hospital and also to the Surgeons and Physicians of the hospital for their co-operation. The writer feels gratitude to his friends of the Central Laboratory for their interest and painstaking biopsy examination.