PRESIDENTIAL ADDRESS

Honourable Chief Guest Shri Pratap Singh Rane, Chief Minister of Goa, Daman & Diu, Smt. Vijayadevi Rane, Development Commissioner Dr. J. C. Almeida, Dean of Goa Medical College Dr. O. P. Bhargava, Honourable delegates, guests, ladies and gentlemen,

It is indeed a great honour for me to have been elected unanimously as the President of Indian Association of Dermatologists, Venereologists & Leprologists at its last conference held at Srinagar. I must acknowledge with grateful thanks the honour conferred upon me. I shall do my best to be worthy of your hopes and aspirations.

Moreover, it is a privilege to be able to host the VIII Annual Conference of Indian Association of Dermatologists, Venereologists and Leprologists in our State of Goa and in my own institution — The Goa Medical College, Panjim.

I have thus the rare privilege of having to deliver the Presidential Address in my own place.

Problem of Leprosy

It is customary on such occasions for the President to cover all the facets of the speciality covering wide spectra of subjects. I shall however like to make a departure from this usual practice. I wish to share some of my thoughts with you on a national problem facing the country i. e. "*The Problem of Leprosy in India.*"

The choice of this theme is not because of my personal weakness for this subject, which may in fact be true, but because I wish to use this opportunity and forum to highlight the importance of this single disease with a view to put our heads together to face this challenge and with all our might help relieve this terrible scourge. In fact, it calls for a wartime strategy to fight leprosy in India.

Delivered at the VIII annual conference of Indian Association of Dermatologists, Venereologists and Leprologists, in Goa on 22nd January 1980.

I shall refrain from taxing you too much by reading verbatim the whole text, which I hope all of you have in your hands by now. I shall only touch upon a few salient features with a view to arouse your interest and thus involvement in the subject.

The social prejudice and stigma associated with Leprosy have caused untold misery and suffering to its victims. The agony and anguish caused by the diagnosis of Leprosy in a patient is more painful and unacceptable than the diagnosis of cancer because the latter has no social stigma.

Out of the total 11 million estimated cases of leprosy in the world, India has about 3.2 million. About 20% of these cases are infectious with a risk population of 370 million, and about a fourth have some type of deformity. Unfortunately the ignorance about the disease and lack of proper education results in many avoidable complications.

National Leprosy Control Programme

The National Leprosy Control Programme has been in operation in our country for about the last 25 years. Although it has helped to define the magnitude of the problem, it has so far not brought the leprosy under control.

What really disturbs me is that the number of new cases is still on the increase and a large number of new bacilliferous cases i. e. infective cases are also emerging.

The performance of the National Leprosy Control Programme at the Government Leprosy Treatments and Study Centre at Tirukoilur in Tamilnadu has brought to light many interesting findings.

(a) For example, 25-50% of the diagnosed cases did not commence treatment and of those who did half collected at least 50% of their drugs.

(b) The clinical status for five years was not assessed in 25% of patients.

(c) Only 10-20% of the patients who started treatment were known to have inactive or arrested disease at five years.

Similarly a survey at one of the good control units, at Hemerijcks Leprosy Centre, Polambakum in Tamil Nadu, revealed that out of 12,017 registered cases only 27.6% were regular.

There are therefore many reasons for this failure which calls for effective remedial measures :—

(i) Health education and motivation should be made adequate ;

(ii) Population surveys with high coverage should be undertaken frequently in high endemic areas so that almost all cases in the community are diagnosed and active treatment is started ;

(iii) Family contacts, especially the child contacts of infective cases should be monitored periodically because they constitute a high risk group.

(iv) Operational Research Studies applying behavioural science principles should be undertaken for reducing absenteeism and for increasing the efficiency of the programme.

(v) Periodic Monitoring at least once a year is required of the operational performance.

Teaching in Leprosy

There is gross lack of teaching of leprosy in the undergraduate medical curriculum with the result that the doctors, who after qualifying take up jobs as medical officers or start practice, have no idea about the clinical spectrum of leprosy. As a result the performance of the programme suffers. I am therefore reminded of Dr. Carl Taylor who said, "I am convinced that it is wrong to train young doctors for sophisticated hospital practice and then throw them into a Primary Health Centre in the traditional manner of teaching a puppy how to swim."

The Medical Council of India is already seized of this lacuna in our curriculum and has suggested various steps to impart the knowledge of leprosy at undergraduate level. It is essential therefore to redefine our priorities. Even at Postgraduate level, teaching of leprosy is very important in our country. Moreover, it is also essential that the General Medical Practitioners should have knowledge to treat leprosy cases in their own clinic. It is therefore advisable to expose them to periodic refresher courses in leprosy.

Co-ordination and integration with other disciplines

A greater awareness and skill to detect early cases of leprosy may make all the difference in the ultimate control of the disease.

Unfortunately the leprologists working in field areas find themselves much isolated from other disciplines. They thus fight shy of discussing their problems with professional colleagues in other disciplines. A broad based approach with the background of Dermatology and Venereology may prove an asset for the leprosy control. A Dermatologist has adequate clinical knowledge to prevent errors in underdiagnosis or overdiagnosis of leprosy.

Research in leprosy

The World Health Organisation is giving due priority for research in leprosy. Its research committees in Immunology of

Leprosy (IMMLEP) and therapy of leprosy (THELEP) have certainly contributed newer advances in the management of leprosy. However it needs to concentrate on Field Research in endemic areas in addition to Laboratory Research. It has determined that leprosy should be controlled by the target year 2000.

About three fourth of the population has an inborn resistance to infection. It is the most important protective factor. It is important to study the risk population by Skin Testing Antigen and conduct mass surveys using the Lepromin Test or Purified Protein Derivative with a view to find the immunologically susceptible persons from the immunologically resistant ones.

Can this resistance be produced in the other one fourth of the population susceptible to the infection? This is a million dollar question which can be solved by further research in the immunology of leprosy. Attempts are also being made to evolve a vaccine for leprosy.

New drugs in Leprosy

The Leprosy control programme is no longer handicapped for lack of knowledge about the disease or newer drugs like Clofazamine, Rifampicin, Ethionamide and Thalidomide, in addition to Dapsone (DDS). We already have a very powerful armament to fight the disease. Because some of the drugs are costly, more budget allocation is called for to be able to provide even these costly drugs to the poor and needy patients.

Thus, there is also a great need to produce these drugs indigenously so as to reduce their cost. Moreover guidelines for continued drug treatment must be made available to the worker in the field so that the emergence of drug resistant strains is avoided.

In conclusion, I shall like to sum up by emphasizing that

1. Medical Education must cater to the needs of community and country to provide the essentials of the subject of leprosy at the level of teaching and examinations. Leprosy Medical Officers & General Practitioners should need periodic refresher courses in the subject.
2. The National Leprosy Control Programme must be periodically reassessed at its various control units with a view to improve upon its performance.
3. It is essential that the survey should include all the risk population especially the children.
4. All cases must be detected and treated early. Testing of the risk population by skin test to find out the resistance or susceptibility shall be very useful for taking up further protective measures.

5. Attempts must be made to make available the newer drugs at cheaper rates. This can be done by encouraging their manufacture in our own country.

6. Lastly, no programme for leprosy control can be successful unless and until it has the backing of the public and community. It is important to educate the public on the subject to remove their prejudice and ignorance about the disease. The social stigma must be removed by imparting necessary education at all levels. We celebrate Mahatma Gandhi's Birthday as anti-leprosy day.

Mahatma Gandhi pleaded for a humane approach to these human beings.

May I therefore conclude with a quotation from Lyndon B. Johnson. "Germs of ignorance no less than the disease spread from person to person. But so too, do the seeds of enlightenment — it is these we must choose to nurture".

Thank you!

— **B. M. S. Bedi,** M.D., M.A.M.S.,
(President–1979, IADVL) Panjim.

The Editorial Board welcomes abstracts of papers by Indian workers, published in other Indian or foreign journals. Those who wish to send abstracts are kindly requested to send to the Editor a reprint of the article along with the abstract.

— *Managing Editor*