EDITORIAL

LEPROSY ERADICATION—A NATIONAL APPROACH

The National Leprosy Eradication Programme calls for a national debate. Although knowledge has considerably advanced on various frontiers of leprosy e.g. immunology, biochemistry, pathogenesis and treatment, yet we have not made any significant dent towards control of the disease. If fresh untreated cases are any index, it only means that the contagion has not been contained.

We do not have the latest survey in our country and whatever statistics are available have not been improved upon or revised. Most of the data now available is based on the report from the states. It is important to re-assess the present position of leprosy in our country based on a fresh survey.

The WHO has launched multi-drug-therapy (MDT) all over the world. But in our country, MDT has been initiated only at selected centres, the so called hyper-endemic areas as per proceedings[1] of the Annual Conference of State Leprosy officers and Regional Directors. This is not a correct approach because in the absence of latest data on prevalence of disease, the selection of sites for MDT is at best arbitrary. Moreover, there is a constant flow of labour population from hyper-endemic areas to the non-endemic areas, thereby considerably increasing the risk to the non-endemic population. Dharmendra[2] is of the view that MDT should not be confined to only hyper-endemic areas and should be applied wherever leprosy cases are found and should be used in low-endemic areas also. It is not realistic if we want to eradicate the disease to isolate only hyper-endemic areas, for MDT. This way we may possibly be chasing a moving target, and perhaps never hit it. It is essential that the MDT should be launched all over the country and monotherapy should be discontinued even for paucibacillary cases. As per recommendation of the working group on eradication of leprosy headed by Swaminathan[3] patients of paucibacillary leprosy are still being treated with monotherapy with dapsone. It is high time that they should also receive the benefit of MDT in the form of monthly rifampicin therapy for six months.

The deployment of existing MDT to the whole country and further strengthening of the infra-structure by better and more frequent update courses can perhaps eradicate the disease in the same way as in other countries like Japan, Norway etc.

A very important facet of the leprosy programme is education of public to remove the stigma, and to promote rehabilitation of the treated cases. Education is also required about the recent advances about early detection and complete curability of the disease.

Approach to eradication should be made broad based by involving all the other allied specialisations like medicine, surgery, plastic surgery, neurology, orthopaedics, pathology, microbiology, immunology, pharmacology and biochemistry. This is to enhance the research on fundamentals as well as greater involvement of all the clinicians towards the awareness of early detection of leprosy which will help in multiplying manifold, our strike potential against the disease. There is need also to involve the general practitioners in the leprosy eradication programme because 50% of the patients seek first consultation from their general practitioners.

Horizontal integration as envisaged above awareness and implementation of the modern approach to treatment of leprosy shall greatly help to wipe out the disease from our country by the year 2000 AD, a target of health for all and a part of the national twenty-point programme. Let us therefore use all the available avenues to launch an effective crusade against leprosy and try to eradicate it.

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References

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