Wendy P. Littman’s observation that “Leprosy is not a thing of past”\(^1\) can be testified by most of us who have at least a minimal contact with social reality. The fact that “an estimated 15 million leprosy patients in the world not only conforms to the notion that leprosy is an integral part of social reality”\(^2\), but also raises the pertinent question as to its scope in remaining a thing of the future\(^3\).

Though world’s reality does consist of various kinds of diseases that have robbed many of its citizens the opportunity to live healthy lives, the leprosy affected person has been singled out to bear an unfair burden of disadvantages. In fact, the society by and large has stigmatized this disease to such an extent that this attitude has become more burdensome than the disease itself due to the following reasons.

**VII(a). THE DISEASE**

The common identity of leprosy disease is that it is associated with gross deformities\(^4\). The disease does not give any forewarning or pain except early clinical signs such as oily / shining skin surfaces or one or more faintly discoloured patches on the skin. Further, the disease affects skin, mucous membrane and destroys the peripheral nervous system leading to the loss of sensation and muscle weakness. The destruction of canopy of the nerves takes place very insidiously and causes crippling to human body mainly to hands and feet, loss of eye brows and damaged nose and


\(^3\) The fear of leprosy remaining ‘thing of the future” is not unfounded for it is claimed that 30% of the newly detected cases an children and also no environment and person is immune to leprosy (UNICEF) information science, Delhi).

\(^4\) Hastings, Robert, op.cit., p. 53.
thereby leading to grotesque appearance. The prolonged incubation period of 2 to 20 years peculiar to leprosy, slow and insidious progression of disease, the very little inconvenience it causes to the patient in early stages, requiring life long medication give rise to the suspicion in common man that it is an incurable disease. The injuries, burns and disfigurement of body caused due to anaesthetic parts invite ulceration and neglect to it even leads to sepsis.

The Social attitude

The attitude of the present society is not much different from that of past hundreds of years. Present day society is very much a product of the past and hence its beliefs, values, traditions have not changed much. Prejudices of past have given birth to new ones. The attitude of public that “Once a leper, always a leper”, is very much in vogue even today. The out-moded laws which governed the social life of nineteenth century people are still in practice. The promulgation of the Muslim Marriage Act of 1939 and Hindu Marriage Act of 1955, still prevail over the innocent victims of leprosy permitting divorce on grounds of disfigurement and incurability of the disease. The out-moded Leprosy Act of 1898 and the Railway Act of 1890 were based on the assumption that leprosy was hereditary and incurable. These laws were formulated during a period when the people knew little about the true scientific aspect

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7 Navin Chawla, Vocational Rehabilitation and Social Reintegration of the Leprosy Affected in India, New Delhi, N.D., pp. 60 – 64.
of the disease. The laws which reflect the general attitude of the society in the past still decide the fate of leprosy sufferers even in the present day community. Law is blind and the ill informed decision makers, law givers and the leaders of general public perpetuated an out modeled legal system governing the social status of the leprosy sufferers.

Economic Deprivation

Though it may be true that leprosy is no respecter of persons, it seems quite certain that the disease is more prevalent among the economically disadvantaged. Also, since the side effects of leprosy causes disfigurement and loss of limbs, many patients are forced to give up their respective occupations and struggle to earn a living for themselves. This is particularly true since the majority of these leprosy affected persons, due to ignorance, come for treatment only after the disease has affected their normal functioning capacity.

Social Stigma

In addition to the physical effects of the disease, the patients also suffer severe social stigma and ostracism from their families, communities, employers and even health professionals to such an extent that leprosy has been known since ancient times as “The death before death” or in other words “Living death”. Armar Hansen, the discoverer of Mycobacterium leprae once commented that “there is hardly

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8 Ibid, p. 65.
9 Further information in B. Christedoss Thiaagarajan, Socio-Economic problem of leprosy patients, unpublished thesis of MSSW 1971, Madras, (Madras School of Social work)
10 Ibid.
anything on earth or between it and heaven, which has not been regarded as the cause of leprosy”\textsuperscript{11}. Though there are numerous reasons for this stigmatization”, the significant factors which could have led to this, according to Littman, may have been “a) the long-unknown source of infection b) the belief that leprosy is a punishment for sin, c) the fact that the disease is set apart because it produces intensively rather than pain and can lead ultimately to sometimes hideous disfigurement, and d) the belief that leprosy is incurable\textsuperscript{12}. To these can be added the misconception that leprosy is highly contagious and also hereditary: However much one may attempt to ridicule the nonsensical nature of these reasons for stigma, one cannot get away from the fact that it seems ever increasing and deep seated\textsuperscript{13}.

\textbf{Religious Alienation}

As a consequence of sociological stigma, there is usually a polarization between the leprosy patient and the religious community. This alienation is not nearly deduced as the possible outcome of social stigma but is attested to by general observation. The common sight of many leprosy affected persons sitting at the gates of churches and temples for begging may serve as one example to demonstrate this alienation between the religious community and the leprosy affected person.

\textsuperscript{12} Littman, op.cit.
\textsuperscript{13} The intensive nature of this social stigma is discussed in detail by Kirebakaran, "\textit{Attitude of the public to leprosy}”, unpublished thesis at MSSW, 1974 and P. Mohan Kumar, urban attitude towards leprosy unpublished thesis at MSSW, 1978.
It cannot be denied that religious tradition and interpretation have had a role to play in contributing to their social stigma and religious alienation. For while those who fail under the Christian heritage may have been influenced by the reference to leprosy as unclean (cultically at least) in the Bible\textsuperscript{14}, Hindus and Buddhists generally viewed leprosy to be the consequences of sin committed in this life or in a previous incarnation perfectly in accordance with the cycle theory of birth and death that governs their theological thinking. Religions thus gave validity to the social and religious stigma instead of repudiating it.

Although popular conceptions of leprosy are focused primarily on images from Biblical or Medieval times, one quarter of a million people worldwide were still suffering from the disease in 2007-primarily in rural areas of Bangladesh, Brazil, China, India, Indonesia, Mozambique, Myanmar, Nepal, Nigeria, Philippines and Sudan\textsuperscript{15}. But the scientific discoveries shows that of all the leprosy patients that are existing in the world, 2/3 of them are still coming from India and of these half of the patients are generated in the states existing all along the Coramandal Coast of India, i.e., Andhra Pradesh, Tamilnadu, and parts of Orissa, Bengal and Bihar. An understanding of the origin and transmission routes of this disease can potentially lead to new insights about the evolution of infectious disease and eradication efforts. However, the leprosy disease is difficult to culture in vitro and much about leprosy is


\textsuperscript{15} WHO \textit{Global Leprosy Situation, beginning of 2008}. Weekly Epidemiological Record 83: 293-300, 2008.
still poorly understood and in fact misunderstood including its origin, initial transmission routes, and timing for the spread of the disease in the old world\textsuperscript{16}.

**Skeletal Evidence**

The earliest skeletal evidences of this disease is previously limited to 300-400 BC in Egypt and Thailand, till Robbins and his colleagues reported in 2009 the existence of leprosy in a skeleton showing changes associated with leprosy, buried around 2000 BC at the site of Balathal, a Chalcolithic settlement in Rajasthan, India\textsuperscript{17}. This evidence still requires medical confirmation with the conduct of D.N.A. tests with the skeletal remains of contemporary Harappan and Chalcolithic cultures.

**Written evidences**

The earliest textual references to leprosy are found in proto historic texts, including the Egyptian Ebers Papyrus dated to 1550 B.C.\textsuperscript{18} It has been suggested that there are references to the disease in Sanskrit hymns of the Atharva Veda composed before the first millennium BC\textsuperscript{19} and the Old and New Testments of the Bible\textsuperscript{20}. However, the evidence of Leviticus, chapter 13 of King James version of Bible identifies it as “Leprosy” while the New International version [NIV] identifies the

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disease as series of skin diseases. This might be due to wrong translation and interpretation of Hebrew word ‘tzarath’ as leprosy.

The earliest widely accepted written record to the disease is from much later sources. The early written records of India giving clinical descriptions generally accepted as being true leprosy date from 600 BC to possibly as early as 1400 BC, where a disease called ‘Kusta’ was distinguished from Vitiligo파퍜팾. The Ancient Medical texts compiled by Sushruta, Charaka and Vagbhata in the first to the sixth century B.C. shows that Indian Physicians regarded leprosy as a disease that can be cured or alleviated. Sushruta Samhita (600 BC) recommended treating leprosy or Kushta, meaning “Eating away” in Sanskrit, with oil exerted from the flowers seeds of Chaulmoogra tree파퍎팟퍏. The 4th century B.C. accounts of the Greek author Nazianos파퍎퍂, a 3rd century Chinese text Shuihudui Qun Fia파퍎퍂 and 1st Century A.D. Roman accounts of Celsus and Pliny the Elder파퍎퍂 also show the documentary written evidences of the disease. Basing on these evidences, the historians have maintained that leprosy originated either in the Indian subcontinent or Africa and later spread to East Asian countries. This is attested by the documentation of lesions suggestive of leprosy like, numbness and loss of eyebrows in Chinese documents attest to the

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spread of the disease eastward to China and subsequently to Japan\textsuperscript{26}. The disease at a later date has spread to the Middle East and West ward to Greece by the conquering armies of Alexander the Great in 4\textsuperscript{th} Century B.C. as evident by the description of Greek Physicians of a novel disease called \textit{elephantiasis graecorum}. Subsequently the disease has spread to the Mediterranean basin especially to Italy, probably during the trade activities and the crusaders of Romans\textsuperscript{27}.

But the disease did not become a serious public health problem in Europe until the Middle ages\textsuperscript{28}. But after the disease has became endemic after 10\textsuperscript{th} century the European community enforced segregation and quarantine measures and kept the leprosy patients, in asylums and homes which were specially established in Europe, especially in France\textsuperscript{29}, Britain and Netherlands.

It is estimated that atleast 320 leprosy houses or asylums popularly known as Lazar houses were established in England during this period. Strict isolation or quarantine measures were practiced to segregate the leprosy patients from healthy people in Europe. But in course of time, the, attitudes began to change in the 14\textsuperscript{th} Century, particularly after horrors of Black Plague\textsuperscript{30} in 1347-1350 in Europe where large number of people including leprosy patients died. As fear of contagion led to

\textsuperscript{27} Vinod Shaw, \textbf{Christian contribution to India in the area of Health}. P. 10. (Date and place of publication not known).
the greater restriction and isolation and death of leprosy patients, the disease was in retreat by the end of 15th century in Europe and by the end of 17th century leprosy has vanished altogether from Europe except in some pockets of Southern Europe. This is corroborated by the skeletal evidences of the disease in the remains of Medieval European Cemeteries of United Kingdom31, Denmark, Italy etc.

VII(b). INDIAN SCENARIO

In India scenario, although there were skeletal evidences of the existence of leprosy from a solitary chalcolithic site datable to 2000 years BC and written evidences from 1400 B.C. onwards much evidences are not found in early historic and medieval periods except in the first Indian Census reports conducted by the British Government in its provinces in 1872 where it was estimated that there were 90,072 leprosy affected people in India32. Although the British Government was interested in the initial stages in trade and profit, it did not show much interest in the health needs of Indians. But, it succumbed to the pressure of international community and to combat the health needs of Indians including the leprosy patients, the government encouraged segregation methods and the construction of leprosy asylums, and homes by the Christian Missionary and Voluntary organizations.

During this time, Wellesly Bailey an Irish nationalist who was very much moved with the sad plight of leprosy sufferers founded “The Mission to leprosy in

32 Leprosy in India, Summary Reports, Furnished by the Government of British India, Honolulu, 1886, pp. 5 – 9.
India” in 1872 and constructed an asylum for the benefit of leprosy patients at Ambala in Punjab33. This organisation in course of time became an international organization known as “The Leprosy Mission” (TLM) and established several asylums all over the world and also in several parts of India. Similarly Rev. William Carey, a Baptist missionary, was moved with the sad condition of lepers in Gangetic plane and established asylums at Calcutta and Allahabad34.

This was incidentally the same period during which time the Protestant Christian Missionary Societies from Europe, America, Canada, and some other parts of the world also started sending their missionaries to India for propagation of Christianity. Some of these missions that came to India including the Wesleyan Methodist mission; the Church of Scotland Mission; the London Missionary Society; the Church Mission Society; the American Marata Mission, Lutheran Mission; Baptist Mission; the Canadian Baptist Mission, the Godavari Delta Mission and the Salvation Army etc. which established the churches, schools, hospitals and philanthrophic institutes as part of prosylitization activities35. In the process, they have also established several asylums and homes for the benefit of lepers at several parts of India.

Missionary attitude

These missions shared the Good News of Jesus Christ with all people. They followed the model of Jesus in teaching, preaching, healing and helping all the people. They also showed special compassion for the poor and oppressed as Jesus Christ had showed to them. Their ministry was holistic and paid attention to the care of mind, body and soul of all Indians irrespective of their caste, colour, region and religion. Although several missionaries died on account of the dreaded diseases existing in those days in India such as cholera, plague, malaria, Chickenpox, leprosy etc., they stayed on and preached the Good News to the people and did not hesitate to attend to the sick and dying and gave them medicines, cleansed their wounds and even buried the dead.\textsuperscript{36}

As part of their holistic ministry several of the missionary organizations have established all over India and Andhra Pradesh, several leprosy asylums and homes and gave boarding and lodging including medical treatment free of cost for their benefit. Among the leprosy sufferers there were patients of Hindu, Muslim, Christian and other faiths; there were some who knew that the rest of their life has to be spent in the asylum; but others hoped and believed that the treatment would rid them of the sickness; there were the blind, the lame, the crippled; the young and old - all represented as one family in the asylums and cared for by the missionaries whose sole interest was the welfare of those lepers under their care.

\textsuperscript{36} Vinod Shah, Christian Contribution to India in the Area of Health, op.cit., p. 12.
VII(c). LEPROSY IN ANDHRA PRADESH

The Andhra Pradesh, located on the sea shore area of Bay of Bengal, was endemic of leprosy disease. The missionary organizations such as the Canadian Baptist Mission, the Lutheran Mission, the Godavari Delta Mission, The Salvation Army and the South Andhra Lutheran Mission established leprosy asylums at Srikakulam, Vijayanagaram, East and West Godavari, Guntur and Nellore districts. Although the Canadian Baptist Mission was late to establish its organization, in Andhra desa, it was first to establish leprosy asylums at Ramachandrapuram and Vijayanagaram besides several leprosy dispensaries and road side clinics.

It was Miss Isabel Hatch who established the first leprosy asylum at Ramachandrapuram in 1899 after she has identified her domestic servant himself was a leper and 120 leprosy sufferers with in the radius of 20 miles. She faced several hardships for the purchase of land for the asylum and the construction of buildings and distribution of medicines and food not only for the lepers but also to their children free of cost. This asylum in course of time became boon for several of leprosy sufferers in East Godavari District.

Similarly, it was Miss Flora Clark who was responsible for the establishment of leprosy asylum at Vijayanagaram after she was given 100 acres of

38 Oraville E. Daniel, Moving with the Times, Canadian Baptist Overseas Board, Tororonto, pp. 44-47.
land by the Raja of Vijayanagaram\textsuperscript{39}. Besides the establishment of infrastructural facilities, the asylum also provided the vocation and agricultural trainings for the benefit of those lepers who were cured and discharged, symptom free from the asylum, to streamline their economic productivity instead of sustaining on begging and on others charity.

The Philadelphia Leprosy Asylum at Saluru in Srikakulam District was originally started in 1905 by Rev. Paul Schulze\textsuperscript{40} of Schleswigholstein Evangelical Lutheran Mission of Germany in 16 acres of land, with the financial assistance of the Leprosy Mission. On account of the world wars and the deportation of German Missionaries from India to Germany, the major activity in the asylum was taken care of by the American Lutheran Missionaries. This asylum also did its monumental work to redeem the suffering of leprosy patients and provided the boarding and lodging and also the vocational trainings to the leprosy sufferers. Besides that it is still providing the reconstructive and plastic surgeries to the patients for their well being\textsuperscript{41}.

The Bethesda Leprosy Hospital at Narsapur in West Godavari District was started by Mr. J.M.Boyed of \textit{Godavari Delta Mission} initially in 3 acres of land in 1923\textsuperscript{42}. After premature death of Mr. Boyed, Dr. Pring, Miss Hampton and later Dr. E.S. Short did tremendous work to eliminate the suffering of lepers. The hospital

\textsuperscript{39} Flora Clarke, \textit{Sisters : Canada and India}, Toronto, 1928, pp. 298 – 305.
\textsuperscript{40} Philadelphia Leprosy Hospital, Salur, Souvenir, 1906-1996.
\textsuperscript{41} Ibid.
promoted several out patient dispensaries and road side clinics and also provided facilities for reconstructive surgeries such as tendon replacement, eye care, physiotherapy and occupational therapy.

The Evangeline Booth Leprosy Hospital at Bapatla was originally started as leper colony by Dr. J.A. Christian of *Strict Baptist Society* in 1903. But unable to continue the leper colony, the Baptist missionary, Rev. Powell, handed it to *the Salvation Army* and the latter after establishing leper asylum, also started its activities in 1928. The Salvation Army Officers such as Major Sena Putra, Brigadier Helma Plummer and others did yeoman service to the asylum. After the number of leprosy patients was reduced, the asylum was converted into a multi programme centre in 1990 and providing the required services to the patients of leprosy, AIDS and certain other chronic diseases.

The leprosy asylum at Kodur in Nellore district was established by a non medical professional Rev. Wittman of *Hermanusburg Mission of North Germany* in 1906. But due to the deportation of German Missionaries to their native countries in wake of Ist World War, the American Lutheran missionaries of Ohio Synod took care of the asylum for a couple of years. But due to the paucity of men and materials and also lack of financial assistance the leprosy work was shortlived at Kodur.

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Thus the leprosy work started by Christian missionary societies in the last decade of 19th century continued upto the third quarter of 20th century in various parts of India and Andhra Pradesh i.e. for about 70 to 80 years. The missionary societies are funded by the voluntary organizations, Christian philanthropists all over the world and the Union and State Governments of India and with their support the missionary organizations gave their unquenched compassion and love towards the leprosy affected and tried to alleviate their sufferings and tried to make them as comfortable as possible.

**Leprosy and Treatment**

Prior to the use of antibiotics, leprosy was treated worldwide with Chaulmoogra oil, an extraction from the seeds of *Hydnocarpus Wightiana* at tree which is grown abundantly in the West Coast of India.

The modern era of leprosy treatment began in 1940’s when Dr. Guy Faget of Carville showed remarkable benefits of Promin in treating the disease. This discovery was heralded as “The miracle of Carville” and marked the real hope that leprosy could be successfully treated and cured. Hence, it was broadly used as long-term monotherapy until 1970s. Although Promin had simplified the treatment and changed the face of leprosy, the lepromotus bacilli soon developed resistance and

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hence it very soon became useless. Hence in 1981, WHO took a monumental decision and recommended the use of Multi Drug Therapy (MDT), comprised of Clofazimine, Despone and Rifam Picinin for treating leprosy\textsuperscript{51}. Since the introduction of MDT, the treatment of leprosy has seen a lot of changes and drastically reduced the duration of treatment.

**VII(d). LEPROSY CONTROL / ERADICATION PROGRAMME IN INDIA MILESTONES**

In the Post Independence period the Government took up several steps to eradicate leprosy in India. As a first step it introduced National Leprosy Control Programme (NLCP) in 1955. Since then the leprosy prevalence became clear and for the first time in the leprosy campaign, a house to house survey was carried out, and every man, woman and child was examined for signs of leprosy. That was the beginning of the SET (Survey, Education and Treatment) Programme and it soon was identified as scientific, practical and very effective method for control of the disease. Further to eradicate leprosy, by 2000, the Government of India took another major step and started a new programme known as National Leprosy Eradication Programme (NLEP). With this the leprosy programme which had been carried out so far as a vertical programme, was integrated in to the general health services. There were no more special leprosy clinics. The integration of leprosy into the general health service such as general hospitals, dispensaries and P.H.C’s has greatly enhanced the scope of leprosy service. By integration, discrimination against leprosy

has been set to be removed and the patients have access to the services of Opthamologists, Surgeons, Physiotherapists, and General Physicians. These initiatives facilitated reduction in leprosy stigma. Further, the programmes initiated by government of India has substantially reduced the percentage of leprosy patients from 18% in 1978 in endemic areas to 0.8% by 2005.

A comprehensive approach to rehabilitation which was initiated by the missionary societies was also continued by the government organizations to maximize the benefit for the individual family and society at large. The physical rehabilitation such as physiotherapy, occupational therapy, corrective surgery, and plastic surgery is given greater role to play to remove deformities of leprosy patients. They also continued social and economical rehabilitation such as vocational, agricultural and skill trainings to develop social integration, equal opportunities and economic advancement. The ultimate goal of all these rehabilitation activities envisaged by the missionaries in the beginning and later by government of India is to empower the disabled by providing them the skills and tools they need to attain independence and self determination. These tools are adapted to the context people live in with factors such as religion, social beliefs and social habits. This is an important concept in assessing the impact of various rehabilitation programmes.

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52 Navin Chawla, op.cit., pp. 39 – 44.
VII(e). CONCLUSION

Leprosy is one of the oldest and notorious, but least understood disease of man which continues to be a challenge to health world wide and also to Indians.

Mahatma Gandhi’s dream of “Empowerment of people affected by leprosy”, can only be fulfilled by removing the stigma associated with leprosy and giving them equal rights. On 30th September 2010, a set of principles and Guidelines on the elimination of discrimination against persons affected by leprosy and their family members was approved with the Human Rights Council’s adoptions of the WHO. These guidelines if implemented properly the patients with leprosy disabilities are said to be given the right to work, serve the public on an equal basis with others.

We have won the battle against leprosy which was initiated by Christian missionaries and voluntary organisations and later by the political will of Indian government but the war is still on and there is a need for research on early diagnosis of leprosy disease, its treatment and prevention. There is a need to sustain and provide quality leprosy service to all persons through general health system, including good referral system. Efforts need to be made to reduce deformity through early detection, self care, physiotherapy and reconstructive surgery and developing sound surveillance systems. The most important step in eradication of any communicable disease including leprosy is to knock-out the last case. This can be achieved essentially by community participation for which vigorous information, education,
communication (IEC) activities are required. It is only the enlightened public that can provide the solution to any social or public health problem.

With all the remarkable achievements in the fight against leprosy, the stage is now set for the final assault. It is hoped that the disease will be eradicated in the near future. The health authorities are highly capable and are fully armed and with political will that has sustained the NLEP all these years, India will be leprosy-free finally.