

Together we can beat leprosy

by Katharine Jones

MANY people believe that leprosy is just a disease of ancient times, occasionally mentioned in the bible.

The reality is that more than 200,000 people are newly diagnosed with leprosy every year and millions more go undiagnosed, spreading infection within their communities or living with the devastating effects of the disease and its consequences.

To put leprosy into context, the disease exists in 120 out of the 195 countries in the world today.

Leprosy is a disease of the nerves. If left undiagnosed, it attacks the nerve endings and causes a lack of sensation in the peripheral parts of the body such as the hands and feet. This lack of sensation easily leads to unintentional injury, then chronic ulcers and – if left untreated – the clawing of hands and feet, amputation and blindness.

Leprosy causes more disability than any other infectious disease.

In times gone by people with leprosy were considered a threat to society. They were often forcibly and legally removed to leprosy colonies or asylums where they lived in poverty for the rest of their lives.

There was a degree of justification for doing this because leprosy couldn't be cured in those days. People with leprosy became deformed, blind and out-cast.

Leprosy shocked and horrified people. It is no surprise, then, that leprosy was a highly stigmatised disease.

The L-word – 'leper' – still carries a sting of fear and horror to it and should never be used to describe people affected by the disease.

Tragically, leprosy is still one of the most stigmatised diseases on earth. A leprosy diagnosis is a life sentence for some, often considered a curse from God and the result of sin.

Many people with leprosy are thrown out of their homes or communities, or are forced to leave their employment, leading to a life of begging.

Unbelievably, there are more than 120 laws in the statute books worldwide today that actively discriminate against people with leprosy.

Since 1873 we've known that leprosy is caused by a bacterium, but it took until the 1980s for an effective antibiotic cure to be found.

Known as multidrug therapy, or MDT, this discovery was a massive breakthrough. Since then, around 16 million people have been cured of leprosy. As recently as the 2000s the disease was considered eliminated, and as a result, health services were scaled back and leprosy expertise and knowledge declined.

Tragically, an unknown number of people still had leprosy or were catching leprosy and transmitting it into their communities. These people were undiagnosed, untreated and many, including children, developed life-changing disabilities.

Today, if someone suspects they have leprosy, they must find a clinic or hospital for a diagnosis or treatment.

People with leprosy often live in remote or isolated locations with no healthcare provision or transport – and sadly some doctors and nurses today don't recognise leprosy when they see it.

A further complication is that it is hard to detect in its early stages.



□ Children from a community affected by leprosy.
Photo: St Francis Leprosy Guild.

Before the disabilities caused by the disease become visible, leprosy presents as numb patches on the skin, easily confused with other skin complaints such as scabies.

There is no point-of-care or field diagnostic test available for leprosy yet. Diagnosing leprosy involves experience and confirmation of the disease using a skin biopsy.

In addition, leprosy may incubate for 20 years before any symptoms show. People who are infected may continue to transmit leprosy to their communities during that time and that, tragically, includes children.

A proxy for undetected leprosy in a community is the presence of children with leprosy disabilities.

Until recently, caring for people with leprosy meant providing treatment with MDT, the provision of healthcare in hospitals and clinics, surgery to improve disabilities caused by leprosy, and trying to reintegrate people affected by leprosy back into society after they have been neglected and ostracised.

To see the end of leprosy, new strategies are required to find and treat everyone with the disease.

This so-called active case-finding requires a complex combination of skills and expertise: logistics, mapping, data collection and recording to find people who have leprosy, plus medical skills to diagnose and treat patients and maybe their families, friends and neighbours too. Their progress and health will need

to be monitored over time. In this way, a lifetime of disability and stigma can be avoided and the spread of leprosy can be stopped.

St Francis Leprosy Guild has cared for people with leprosy for over 125 years. Its current operating strategy emphasises active case-finding and early detection followed by treatment with MDT. If we can find and treat people affected by leprosy village by village, town by town, city by city, and country by country, we will see an end to leprosy at last. But it is not easy, and we need all the support we can get to make it a reality.

Will you help?

For more information, please visit stfrancisleprosy.org



A true friend to those in need

CROSS Fell near Skirwith, Cumbria, is mentioned many times in the poetry of John Bradburne, and was a place of beauty he loved to visit as a child.

Last month a group led by the Bishop of Lancaster and Bishops' Conference Bishop for Africa Paul Swarbrick, said prayers at the fell top in remembrance of John – a carer of those with leprosy, pilgrim, poet, mystic and martyr – who was shot dead 42 years ago in September.

As Northern Cross columnist Gerry Loughran

recently told readers, calls for John's canonisation have grown steadily, particularly in 2021, which would have been his centenary.

John Bradburne became the warden of Zimbabwe's Mutemwa settlement in 1970s and showed tremendous care for the people with leprosy who lived there.

He improved their housing, drove away the rats that attempted to eat their numb limbs, fed them, bathed them, cut the nails of those who had fingers and toes, and looked after them in their sickness.

If you've got some news, don't keep it to yourself. We'd love to hear from you! Please get in touch with the editor, including a good-quality picture if you have one. Our contact details are on the letters page.



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