

LEPROSY DISABILITIES REQUIRES INTERVENTION: PHYSIOTHERAPY & REHABILITATION

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ABSTRACT

Leprosy is an infectious disease caused by the *Mycobacterium leprae* and is one of the important causes of preventable disability. Early diagnosis and prompt treatment of all new cases of leprosy with World Health Organization (WHO) recommended multidrug therapy (MDT) remain the key strategies for leprosy control as it would prevent nerve damage and disability. Leprosy is a notifiable disease, endemic in Brazil and still considered a public health problem, with a correlation between the disease population and social condition. The later diagnosis and treatment, the more serious the physical and social disabilities of patients. Stigma and preconceptions resulting from this disease remain in the popular imagination and are linked to the image of the body, because patients may have skin spots, lesions on the mucosa and physical deformities. Physical therapy in leprosy strengthens muscles, decreases and prevents contractures, recovers and maintains joint mobility, maintains tone, integrity and elasticity of skin and prevents deformities. In ulcers, physiotherapy stimulates the healing process, and in cases of surgeries for neural decompression and tendon transfer, it acts in the pre- and postoperative period, controls inflammation, pain, oedema and muscle spasms, maintains functional independence in the activities of daily life and guides the patient toward new patterns of movement post-transfer. Leprosy may affect an individual's performance of the activities of daily living (ADL) as well as of work- and leisure-related activities. In the multidisciplinary team, after diagnosis, the physiotherapist classifies disability degree and monitors neural function, basing the therapeutic behaviours on information obtained in the neurological evaluation. Institutionally based rehabilitation is an integral, key component in providing the holistic rehabilitation of a patient. However, health workers need to make a conscious effort to focus on the aspects of rehabilitation that will effectively integrate a leprosy-affected patient back into the community. Rehabilitation of a leprosy-affected individual should start at diagnosis and continue until the patient is able to return to an active normal life. Though technology has aided in the rehabilitation of people with impairments across the globe, leprosy-affected patients have not received a great deal of benefit from the technological boom. The translation of technological advances to rehabilitation in leprosy-affected persons has faced several challenges over the years. In a rapidly growing economy, leprosy-affected patients also should be provided with rehabilitation plans customized to their needs within a shorter span of time.

Key words: Leprosy, Social Stigma, Disabilities, Physiotherapy and Rehabilitation.

I. INTRODUCTION

Leprosy, also known as Hansen's disease, is a chronic infectious disease caused by *Mycobacterium leprae*, a microorganism that has a predilection for the skin and nerves. Though nonfatal, leprosy is one of the most common causes of non-traumatic peripheral neuropathy worldwide. Early diagnosis and prompt treatment of all new cases of leprosy with World Health Organization (WHO) recommended multidrug therapy (MDT) remain the key strategies for leprosy control as it would prevent nerve damage and disability. An early diagnosis also provides opportunities for reducing or halting further transmission. Despite that, there are many current reports across the world, showing that people are still diagnosed late for leprosy. India is one of the countries with the highest leprosy burden with more than 135,000 new leprosy patients being detected every year, including 5,245 (3.9%) new leprosy patients with a visible disability: grade 2 disability (G2D).¹

New cases of leprosy occur due to a set of factors associated with the lack of knowledge about the disease, both by health professionals and patients, favouring late diagnosis, the development of physical and social disabilities, stigma and prejudice. A high proportion of grade 2 disability (visible deformity) is indicative of delay in