LETTER TO THE EDITOR

Cultural practice and beliefs hampering the treatment of leprosy- an area of concern

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Hansen’s disease (HD) can have a catastrophic effect on the quality of life of patients, especially when treatment is delayed. Nerve damage and its sequels are the major concern for health care providers. Early diagnosis and treatment are the only ways to mitigate the damage caused by HD. Sometimes cultural beliefs and practices become a barrier to early diagnosis and the initiation of multi drug therapy (MDT). Here we report two cases who presented late because of their belief that tattooing not only prevents the spread of disease but also contains the disease, allowing cure.

Case 1:

A 25 year old male presented with a hypopigmented patch over the right forearm of 3 years’ duration. According to the patient, the patch was of a smaller size initially for which he underwent tattooing around the lesion (a common practise in his locality) in the belief that the tattoo would act as a barrier against the spread of the disease. The lesion progressed slowly beyond the margin with an increase in the area of sensory loss for which he again repeated tattooing over the progressing margin four times within 3 years. After that he developed pain and a tingling sensation along the distribution of the ulnar nerve for which he sought consultation. His general, physical and systemic examinations were normal. On dermatological examination, a hypopigmented anaesthetic patch 11 cm × 5 cm, having regular to irregular margin and with satellite lesions was noted. The surface was remarkable for the tattoo covering the lesion in a net-like pattern over the forearm (Figure 1).

Peripheral nerve examination revealed a bilateral enlarged ulnar nerve along with a tender right ulnar nerve. A slit skin smear for AFB was negative and histopathology was suggestive of borderline tuberculoid (BT) leprosy (Figures 2 and 3).

The patient was diagnosed with BT leprosy and was treated with WHO MDT PB regimen.

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Case 2:

The second case, a 28 year old female, presented with three hypopigmented patches ranging from 4 cm × 5 cm to 8 cm × 7 cm over her right forearm, and arm of 4 years’ duration. The first patch appeared over her forearm for which she had a tattoo made, and the lesion was non-progressive. Subsequently two new patches appeared after 1 year and again tattooing was repeated. Despite repeated tattooing the lesions progressed with an increased area of sensory loss for which she consulted us. There was definite sensory loss over the patches and the right
The ulnar nerve was enlarged. The tattoo covered all the patches in a net-like pattern with some flower art in between (Figures 4 and 5).

A slit skin smear AFB was negative and histopathology revealed borderline tuberculoid leprosy.

The patient was diagnosed with BT Hansen’s disease and was treated with WHO MDT PB regimen.

Discussion

Leprosy has been known for its stigmatising deformities since ancient times.\textsuperscript{1,2} People affected by leprosy are often neglected by both family members and society. They are thrown out of the family in the belief that leprosy is contagious. Family members of leprosy-affected people often face social discrimination. As stated by Stanley Brown ‘in no other disease do social and psychological factors loom as large as in leprosy.’\textsuperscript{3} Although leprosy has been declared to be eliminated by WHO, there are still endemic pockets remaining in a few parts of world.\textsuperscript{4} Being considered a disease of poor and uneducated people, patients do not seek health care as they are unaware of the mode of transmission, the course of the disease, the consequences of late diagnosis and treatment and the various consequences of disease itself and possible lepra reaction. There are still patients in various parts of India who believe that leprosy can be treated with spiritual healing or resort to the use of harmful traditional remedies that are not only ineffective, but also may add to the known mutilating effects of a
neglected disease. Some people think that skin lesions of leprosy can be contained by tattooing around the patches which could act as a barrier to the transmission of leprosy, and so delay to seek health care, sometimes for years, until the patch progresses beyond the tattoo boundary. This is a serious concern because if the disease progresses without treatment they become a source of infection to their close contacts. Hence the disease burden increases for themselves and society.

We found two such cases - one male and other female both in the young age group without any education who belonged to a rural community and a low income family, who waited for 2 and 3 years respectively before seeking help, believing that they had controlled the patch of leprosy by painting a tattoo around them. The second case (female) had one patch over her forearm for which she tattooed and waited for 1 year, when subsequently two new patches appeared for which she underwent tattooing again, as she had the firm idea that the first tattooed patch had not increased in size.
This highlights the importance of health education targeting the knowledge, attitude and practice of patients and society affected by socio-cultural aspects which should be emphasised in leprosy control programmes. Not only patients, but also society and family members should be aware of the mode of infection, spread of disease, and its course and progression which will help in early diagnosis and treatment and thereby the contacts of these cases can be saved.

References