Padmashri Dr. Ramaswamy Ganapati – 6th July 1930–13th November 2011

It is with deep regret that we write the obituary of a personal friend, professional associate and fellow worker. Dr Ramaswamy Ganapati passed away peacefully on 13th November 2011.

He was a keen observer, an expert clinician, a committed scientist and above all, a kind and loving doctor. Born in a middle class family in the southern most part of India, Tirunelveli, Tamil Nadu on 6th July, 1930, he completed his medical education in Madras. Dr Ganapati started his career by establishing a Primary Health Centre (PHC) in Valathi in South Arcot district in Tamil Nadu. During this period he had the privilege of having first informal lessons in leprosy from Dr K Ramanujam whom he used to visit often.

During this period Dr Ganapati came in touch with leprosy patients attending the PHC, many of them highly deformed, as South Arcot was endemic for leprosy. Though he used to recall the lessons from Dr Ramanujam, he was helpless to be of help to the patients, as his knowledge about leprosy was rudimentary and did not extend beyond the fact that the only treatment for the disease was low doses of DDS. For a city-bred youth equipped with knowledge about sophisticated approaches to investigative and therapeutic procedures, village life, besides being hard was professionally unsatisfying.

It was at this stage Dr C. Gopalan, at that time Deputy Director of Nutrition Research Laboratories in Conoor, lured him into the field of nutrition research. As an Assistant Research Officer at ICMR he was in charge of field investigations on protein malnutrition in pre-school children in villages around Trichur, Kerala and Poonamally in Madras state and he published a paper on this topic. Later on as the laboratories shifted to Hyderabad, he realized that he was not the kind of person to handle test-tubes. Toying with the idea of paediatrics as a career, he moved to Bombay. While in paediatrics, he got involved in tuberculosis and worked at the Sarvodaya Hospital and Municipal Sewree TB Hospital, Mumbai from 1960–1962. He could have stuck to TB under the Bombay Municipal Corporation, but found that the chemotherapy practiced in the hospitals was highly unscientific and there was no scope for any research.

Later he joined the Acworth Leprosy Hospital (ALH) as Assistant Medical Officer where he had the opportunity of seeing lots of patients, something like 300 old patients and 50 new
cases daily, and learning clinical aspects of leprosy from an eminent teacher, Dr N. Figueredo. This, coupled with the emotional satisfaction of serving in a neglected medico-social field, created a lasting impact and proved to be a turning point in his career. The opportunity of doing clinical research in leprosy emerged when he was appointed as the Research Officer. The post of Research Officer and the experience he gained were most crucial in determining his future contributions in leprosy.

The injustice perpetrated against patients and staff in the hospital in an environment of leprophobia left a deep imprint on his life, which propelled him to establish much later an independent NGO. Dr Dongre and Dr Ganapati made a conscious act of doing away with examination gloves which created quite a furore.

While at ALH his vibrant enthusiasm and commitment to work inspired his colleagues and associates to form an activist group from amongst the staff who joined the rebellion against injustice and thus an NGO – Acworth Leprosy Hospital Society for Research, Rehabilitation and Education in Leprosy (ALH-RRE Society) – was registered.

Dr Ganapati had the privilege of being the Founder-Secretary, and thus working as a part of an NGO, he could make far more significant research contributions than as a Research Officer of ALH. Among the notable field based investigations by RRE Society were (1) those concerning childhood leprosy, arising out of unprecedented massive school surveys and (2) slum surveys which could be undertaken for the first time in Bombay leading to an understanding of the transmission and urban epidemiology.

It was an extremely uncomfortable and restless seven year service in leprosy (1963 to 1970) that he had to put up with in ALH. In 1970–1971 he had the opportunity to go to Chingleput and worked under Dr Desikan at his own cost. No scholarship taken.

After gaining extensive clinical, laboratory and field expertise he established a research-oriented field project called the Bombay Leprosy Project (BLP) in 1976 which enabled him to carry out pioneering work. This gave the necessary expertise today not only for planning leprosy field programmes in a most rational and cost-effective manner, but also has led to a better understanding of the transmission and causation of leprosy. The high scientific quality of the multidrug therapy programme which is practiced today was the outcome of meticulous research trials carried out by Dr Ganapati.

His stature in the medical fraternity enabled him to start a high quality leprosy treatment service in medical institutions, particularly teaching hospitals. He assisted the Government of India in his capacity as a member of the National Leprosy Eradication Commission, the highest policy making statutory body, as well as the Maharashtra Government as a member of the State Leprosy Council and Chairman of the State Rehabilitation Committee. He functioned as consultant to the Government of India / WHO for assessment of training of centres in 1986–1987, and for MDT Districts from 1987 to 1998. He was a member of the WHO Expert Advisory Panel from 1991 to 2000.

Dr Ganapati’s specialisation was one of an integrated approach in the management of leprosy programmes which broke the barrier of stigma attached to the disease to a very significant extent and also resulted in the reduction of management costs of leprosy control programmes. Taking advantage of his membership in the governing bodies of several leading institutions engaged in the rehabilitation of the handicapped in general, he was instrumental in making these institutions accept leprosy patients along with other handicapped without hesitation.

Dr Ganapati’s efforts created a perceptible impact by reaching intended benefits to a large group of leprosy sufferers as well as the community at large either directly by his own efforts,
or indirectly through various national and international structures seeking his advice, guidance and direction.

He published over 300 scientific papers, some of which represent outstanding landmarks in various aspects of leprosy. A recent analysis of publications by scientists in leprosy journals (1950–2007) carried out by independent experts revealed that Dr Ganapati was in the company of seven distinguished Indian authors who have to their credit more than 120 papers indexed in ‘Medline’ (Leprosy Review, 79, 387–400, 2008).

As Director Emeritus BLP, he was engaged in preventing disabilities in leprosy patients living in deprived rural terrains of Maharashtra through a unique research oriented field project called the ‘Leprosy Patients Relief Fund’ (LPRF). This community-based scheme aimed to create a cost-effective model by engaging rural volunteers for door-to-door service as a precursor of the so-called ‘Community Based Rehabilitation’.

The President of India honoured Dr. Ganapati by conferring the National Award of PADMASHRI in the year 1983. The highest scientific honour of the country for exemplary research work in leprosy namely, JALMA Trust Fund oration Award was conferred on him by the Indian Council of Medical Research in 1986.

The loss of Dr Ganapati is deeply felt by all leprosy workers who knew him and all leprosy patients who benefitted from his care.

Dr. V. V. Pai
Director, Bombay Leprosy Project

Dr. V. V. Dongre
Founder Member, Bombay Leprosy Project