

LEPROSY

the hidden disease...

Linden Coppell, Head of Sustainability at Etihad Airways, took time out recently to spend a few days in Nepal with Working Hands, a charity supported by the airline, which focuses on improving the lives of leprosy victims in Nepal.



Though many assume that leprosy is an affliction of the past, this medieval-sounding disease is still very much in existence. In fact, over 200,000 new cases of leprosy were reported in 2015, according to the World Health Organization. What Linden Coppell found when she visited the Lalgadh Leprosy Hospital & Services Centre in Nepal was that there are still misconceptions associated with this disease, the biggest being that it is highly infectious and incurable. The reality is that leprosy can be cured, but it can result in major deformities, notably to the face, hands and feet. Since Biblical times, these stigmata have been so recognisable, distinctive and feared that the physician Ernest Muir once wrote that, "Leprosy is dreaded most of all diseases, not because it kills, but because it leaves alive."

While it is true that leprosy does not kill, there are several aspects of this illness that ensure its social stigma remains. Firstly, its progress is variable; symptoms can take about five years to manifest and it can take as long as 20 years to be identified and diagnosed. Early symptoms can be subtle, such as small, localised areas of numbness and, later, paralysis. Secondly, the treatment is also a slow process. It requires 12 months of treatment with a cocktail of drugs to rid the body of the leprosy-causing bacteria. Thirdly, leprosy bacteria colonise and destroy nerves that supply muscle

and sensation, and this is perhaps the cruellest aspect – while a patient can be rendered free of infection, the resulting paralysis is permanent.

In recognition of the long-term impact of leprosy, the World Health Assembly proposed the eradication of the disease in the 1980s, later modifying this ambitious proposal to its "elimination as a public health problem", presumably as the prevalence of leprosy became apparent. The disease remains endemic in a number of countries, with more than half of all new cases being diagnosed in India, which remains home to a third of the world's poor. In 2015, there were 14 countries around the world each reporting more than 1,000 new cases of leprosy – from Bangladesh to Brazil, and Mozambique to Myanmar. Statistics on incidence and prevalence are rendered more difficult by a sort of 'political stigma', where a number of countries virtually deny, or at least under-report, the occurrence of the disease within their borders, despite clear evidence to the contrary.

Coppell headed to Nepal at the invitation of Dr Donald Sammut, a leading British hand surgeon and founder of Working Hands. He has been conducting this work for over 17 years, having first been invited to lead a surgical group in 1998 to Anandwan, in Maharashtra, India to operate on leprosy patients. He is dedicated to the cause, travelling each year

from his base the UK. Surgery for leprosy involves redistributing healthy muscles to take the place of those that are paralysed. These are intricate and specialised operations but can have a massive impact on the lives of the mostly destitute patients.

Dr Sammut visits Nepal annually for about two weeks. He and his team, this year comprising another hand surgeon, a surgical trainee, an anaesthetist and two hand therapists, headed down to the dedicated leprosy hospital in Lalgadh in November. Deep in the agricultural belt of the Terai in southeast Nepal, Lalgadh's patients consist mostly of illiterate farmers and labourers. For many, the only means of income is working the land. Their survival and welfare depends on how deftly they can wield a hoe and how much they can carry or haul in a day. Restoring grip to such hands means that they and their dependents earn that little bit more, eat better and have a significantly improved future.

An average of 600 patients are seen in the local hospital each day, presenting with a variety of leprosy-related ailments ranging from simple dermatological conditions to severe paralysis. In some weeks, it can be much busier. The week before the team arrived, there was a record number of nearly 900 patients seen in one day.

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bandages, operating instruments and sterilisers needed for the many operations that are performed during their 12-hour shifts. Each patient's treatment is documented, including the operation records, which consist mostly of sketches of the procedure, made by Dr Sammut,

who is also a talented artist. These records are laminated and handed to the patient, as well as being placed in the Lalgadh Hospital records.

Over 2,000 leprosy patients have been treated by Dr Donald Sammut and his team in the past 17 years, but equally important has been the training of local surgeons. As Dr Sammut says, "The aim of such work is that it should become redundant. We kit out and teach the local surgeons so that they are equipped and competent in this work and then we move on to other hospitals, other surgeons, and teach them too." After training and operating in Lalgadh, the team heads to Kathmandu for an intensive few days of lecturing and surgical demonstrations for the plastic surgery team in Kirtipur Hospital before heading back to resume their work in the UK.

The difference made by the efforts of this small yet dedicated team is clear to see – restoring function to the hands of these destitute people and helping repair their lives is a measurable achievement of each visit, and in the long term, an equally valuable outcome is the teaching of the local surgeons and the resulting confidence instilled by this ongoing programme. ♦

For more information please visit workinghandscharity.org



On this most recent visit, the team also included George Butler, renowned reportage artist (georgebutler.org), who recorded the work with his distinctive sketches.