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transmitted to the



are more affected than females. The disease mainly affects the skin, peripheral nerves, muscles, bones, eyes, testes, nasal mucosa and internal organs.

Classification:

Leprosy is classified in two varieties: (i) Non-infective: It is generally known as Neural or “ Non- Lepromatous”. It is further classified into two sub-groups i. e. (a) Leprosy with patches on the skin, and (b) Leprosy without patches on the skin. (ii) Infective: It is known as ‘ lepromatous leprosy’. The patient suffering from infective leprosy sheds germs from the nose, throat and skin.

Causative Organism:

Leprosy is caused by Mycobacterium leprae which is an acid fast bacillus. It was first discovered by a leprologist of Norway named Armaur Hansen in the year 1675. That is why this disease is also known as Hansen’s disease after his name.

Mode of Spread:

Leprosy is transmitted through (a) prolonged skin contact with infected person either directly (skin to skin) or indirectly through fomites; (b) droplet infection when the bacilli escape from the cutaneous lesions, nasal and sputum secretions.

The bacilli can also be transmitted to the infants through mother’s milk suffering from leprosy.

Incubation Period:

Incubation period is long and varies from a few months to a number of years. Commonly it varies from 6 months to 8 years.

Signs and Symptoms:

In the first stage initially there is an appearance of a small patch on the skin. It has less sensation than the surrounding area of the skin.

In the second stage the skin of the face becomes thick and wrinkled, ears are swollen. Nasal and throat discharges contain lepra bacilli which are even passed in urine and faeces. This stage is highly infectious. In the third stage the discharges contain very few lepra bacilli and the patient is less infectious. During this stage certain deformities of hands and feet take place. The fingers and toes become bent, ulcerated or drop and disappear altogether. The patient is thus progressively disfigured and crippled.

Prevention and Control:

(i) Cases of leprosy should be notified. (ii) Lepromatous patients should be isolated in their homes, hospitals or institutions. (iii) Infants should be separated at birth from lepromatous parents. (iv) Lepers should not be allowed to roam in the streets or bazaars. (v) Their discharges, clothes etc. should be destroyed or thoroughly disinfected. (vi) People should be given health education. (vii) Leprosy should be treated with multi-drug therapy. A combination of rifampicin, dapson and clofazimine is recommended. DDS (diarnino diphenyl sulphone) is marketed as dapson. Use of penicillin and streptomycin is also helpful for the control of secondary infections.