

Leprostigma in hanseniasis*

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SUMMARY — Ignorance, fear and superstition surround the problems of hanseniasis. In almost all cultures the predominant attitude is emotion, disgust and rejection towards persons suffering from this disease. All efforts aimed at the control of hanseniasis are doomed to failure unless the significance of stigma and associated social and economic factors are given adequate consideration. A programme of destigmatization is outlined.

In analysing the literature of various cultures one gets the impression that the predominant attitude towards hansenian patients is characterized by emotion, disgust and rejection. The repulsion of hansenians by society is primarily attributable to the visible disfigurement and disabilities seen in untreated patients, and to the traditional stigmatic and detrimental connotations attached to the disease.

The Hebrew '*Zara-ath*', '*sora-ath*', the equivalent of leprosy, meant stricken by God, outcast; the disease was not caused by an acid-fast, poorly pathogenic bacillus, but by a pronouncement of a priest. Hansenians were pronounced 'unclean', expelled from the camp, and bereaved of their civil rights, temporarily or forever. Other religious texts stress the incurability of the disease, whereas dictionaries give as synonyms for leprosy, 'vice', 'filth' and 'impurity'. Classical as well as contemporary literature abounds in instances of prejudice and distorted conceptions. The term leprosy has been used

for describing dictatorship, drug addiction, corruption in politics and sport. Tension can be created by superstition and fear and these in turn promote the aggressiveness of hansenians towards society.

In addition some environmental circumstances such as latent segregation, sensationalism, misguided charity, obsolete legislation and deficient education may lower the chances for early diagnosis, prophylactic measures and treatment. References to compulsory isolation or fumigation of rooms can still be found in the new code of preventive procedures. A relevant consequence is that we are still finding cases, instead of having early victims of the disease flocking around our medical services and health institutions.

DESTIGMATIZATION

The prevailing indifference regarding the somatic as well as the psychological problems of hansenians is causing concern and

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detracts from our basic principles of dedication, modesty and indiscriminate humanitarian attention.

A creative approach in the process of education and training in this disease has become essential if we really wish hanseniasis to emerge as a disease like any other. All efforts intended to control the disease are inescapably destined to fail unless the significance of stigma and allied socio-economic factors is given adequate consideration. As a priority we must realize that we are dealing with human beings. In order to fight against terror, taboos and misinformation we must move away from the opprobrious term 'leprosy' and replace it with the eponym 'hanseniasis'. This change has been adopted in several countries such as Brazil, the pioneer in this campaign, the USA, Argentina, Peru, and by various religious institutions around the world. This new denomination has already appeared in some new textbooks of dermatology. The objection that the eponym will not change the image of leprosy and the denigration of patients' personality is groundless. Names of cities, countries and persons have changed. 'Cerebral dysrhythmia' has replaced the defamatory 'epilepsy', and 'genital

Infections' have removed the stigma traditionally attached to 'venereal disease'.

Fund-raising activities which perpetuate stigmatization must be discouraged and we must fight outdated organizations such as leprosaria and colonies. Hansenians should be admitted to dermatological wards only for the period of gross contagiousity. After bacteriological negativization they should be re-integrated, without restriction, into the social life. Follow-up examinations are essential. Periodical bacteriological investigation can be easily carried out by qualified medical assistants at the primary care clinics. We must intensify teaching and training in all areas and at all levels; this task of education will provide not only the medical men but also the lay public with rehabilitation techniques may cure the disease.

Our campaign of destigmatization should be extended to medical, paramedical, social, religious and educational institutions.

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