



ANSWERS TO YOUR QUESTIONS ABOUT LEPROSY

**A PRACTICAL GUIDE FOR COMMUNITY AND FIELD HEALTH WORKERS
DEVELOPED BY THE LEPROSY MISSION TRUST INDIA**

UNDERSTANDING LEPROSY **2**

NERVE AND DISABILITY CARE **6**


REACTIONS AND TREATMENT **11**

COMMUNITY ROLE AND STIGMA **14**

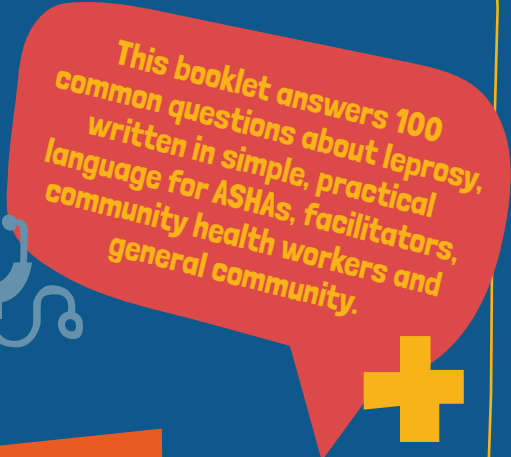
ROLE OF HEALTH WORKERS **18**

FOREWORD

Leprosy is one of the world's oldest diseases – but also one of the most misunderstood.



This booklet answers 100 common questions about leprosy, written in simple, practical language for ASHAs, facilitators, community health workers and general community.



Knowledge removes fear. Understanding brings dignity. Together, we can end leprosy and the stigma around it.



PART 1:

UNDERSTANDING LEPROSY (Q1-Q26)

1. What causes leprosy?

Leprosy is caused by a slow-growing bacterium called *Mycobacterium leprae*. It mainly affects the skin, nerves, eyes, and mucous membranes of the nose.

3. How does leprosy spread?

Leprosy spreads through droplets from the nose and mouth of untreated patients with lepromatous (severe form) leprosy. It is not easily transmitted and requires long, close contact.

4. Who can get leprosy?

Anyone can get leprosy, but most people have natural immunity. Only a few—about 2 to 3 out of 100 exposed—develop the disease.

2. Is leprosy curable?

Yes! Leprosy is completely curable with free multidrug therapy (MDT) available at government and NGO hospitals.



5. What are the signs and symptoms of leprosy?

Early signs include light or reddish patches on the skin with loss of sensation, thickened nerves, numbness, weakness in hands or feet, or eye problems like inability to close the eyelids.

6. How long does it take for leprosy symptoms to appear?

Symptoms may manifest within one year but can also take as long as 5–10 years or even more to manifest.

7. Why do some people get severe forms of leprosy?

It depends on their immunity. People with weak resistance to *M. leprae* develop more widespread or severe forms of the disease.



8. What is meant by immunity to leprosy?

Immunity is the body's natural ability to fight

infection. Most people's immunity is strong enough to prevent leprosy even after contact with the bacteria.

9. Can children get leprosy?

Yes. Children may get leprosy if they have prolonged close contact with an untreated patient at home.

10. What parts of the body are affected?

Leprosy mainly affects the cooler parts of the body—skin, nerves in the hands, feet, and face, eyes, and sometimes the nose or testes.

11. What are the types of leprosy?

Leprosy is broadly classified into **paucibacillary (PB)**—with few skin patches—and **multibacillary (MB)**—with many patches and more bacteria.

12. What is the incubation period of leprosy?

The incubation period (time from infection to disease) is long—usually 2 to 5 years, sometimes even up to 20 years.

13. What is the difference between infection and disease?

Infection means *M. leprae* has entered the body; disease means the bacteria have multiplied enough to cause symptoms.

14. Is leprosy hereditary?

No, leprosy is not inherited. It spreads only through infection, not through blood or genes.

16. How serious is leprosy?

Leprosy is not a fatal disease, but if untreated, it can cause nerve damage and lifelong disabilities.

17. Why is early detection important?

Early detection and treatment stop the spread of infection and can prevent disability.

18. What is a slit-skin smear test?

It is a simple lab test that checks for *M. leprae* bacteria in the skin. It helps confirm diagnosis and classify the disease.

19. How is leprosy classified?

By number of patches and bacteria:

- PB (1–5 patches, smear test negative)
- MB (more than 5 patches, nerve involvement or smear test positive).

20. Can a person have leprosy without skin patches?

Yes. In some cases, nerve damage appears before visible skin signs. Such cases need careful nerve examination.

21. Can leprosy be self-healing?

Sometimes, yes. For some people, immune system kills all the bacteria without treatment—but since we cannot predict who, everyone must take MDT.

22. What is multidrug therapy (MDT)?

MDT is a combination of three antibiotics—Rifampicin, Dapsone, and Clofazimine.

23. What is the role of MDT?

Rifampicin – kills most *M. leprae*,
Dapsone – stops bacteria from multiplying,
Clofazimine – kills remaining bacteria and prevents resistance.

24. How long does treatment last?

For PB leprosy—6 months; for MB leprosy—12 months. Patients must take the full course for cure.

25. What happens if treatment is stopped early?

The disease may return, bacteria may become resistant, and the risk of disability increases.

26. Is leprosy infectious after treatment begins?

No. Within a few days of starting MDT, the patient is no longer infectious to others.

27. Can leprosy come back after cure?

Rarely. If someone is reinfected or had incomplete treatment, leprosy may reappear.

But relapse is uncommon when MDT is completed properly.



PART 2

NERVE AND DISABILITY CARE (028-052)

28. Why does leprosy damage nerves?

The *M. leprae* bacteria can infect certain nerves causing damage. When nerves are damaged, the patient may not be able to feel (loss of sensation), move muscles (paralysis), etc.

30. What are the types of nerve fibres?

There are three types:

- Motor fibres – control muscle movement,
- Sensory fibres – carry feeling (touch, pain, temperature),
- Autonomic fibres – control sweating and skin moisture.

31. How do I test for nerve damage?

Check for:

- Loss of sensation using a feather or pen tip,
- Muscle weakness (ask the person to lift or close fingers, toes, or eyes),
- Nerve thickening or tenderness by gentle touch.

29. What is nerve pain?

Nerve pain is a burning, tingling, or shooting pain that comes from inflamed or swollen nerves affected by leprosy.



32. What is anaesthesia in leprosy?

Anaesthesia means loss of feeling in part of the skin, often in hands, feet, or face. The person cannot feel pain, heat, or touch there.



33. Why do people with leprosy get ulcers?

They cannot feel pain or pressure, and hence, they injure their feet or hands without noticing. These wounds can turn into ulcers.

34. What is paralysis in leprosy?

Paralysis happens when motor nerves are damaged and muscles stop working — for example, fingers cannot move or feet drop.

35. What is contracture?

When weak muscles are not used, joints become stiff and fixed in one position — this is called a contracture.

36. What is Grade 1 deformity in leprosy?

The WHO defines Grade 1 deformity in leprosy as a loss of protective sensation (numbness) in hands, feet, or eyes, but no visible damage, ulcers, or significant functional loss yet.

37. What is Grade 2 deformity in leprosy?

Grade 2 deformity in leprosy means there are visible physical impairments in the eyes, hands, or feet, such as ulcers, clawed fingers, foot drop, or severe vision loss

38. How can we prevent deformities?

Detect leprosy early, treat immediately, and teach patients self-care to protect anaesthetic hands, feet, and eyes from injury.

39. What are the early signs of nerve damage?

Nerve tenderness, tingling, numbness, or weakness in the face, hands, or feet.

40. Why is early nerve care important?

Because once nerves are severely damaged, the loss of feeling or movement may be permanent. Early treatment can prevent this.

41. Can damaged nerves heal?

Sometimes, if treatment starts early and inflammation is controlled, nerves can recover partly. But long-standing damage is usually permanent.



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42. How should hands and feet be cared for?

Keep them clean, soft, and safe:

- Wash daily with soap and water,
- Apply oil or Vaseline,
- Inspect for cuts or burns,
- Use soft footwear and gloves when working.

43. What is foot-drop?

When the nerve that lifts the foot is damaged, the person cannot raise it while walking – the toes drag, causing ulcers.

44. How to prevent burns and injuries in anaesthetic limbs?

Avoid hot water, open fires, sharp tools, or walking barefoot. Test water with the elbow, not the hand or foot.

45. How to manage ulcers safely at home?

Clean the ulcer daily with clean water, apply antiseptic or clean dressing, keep it dry, and rest the affected part. Refer to the doctor if it doesn't heal.

46. Why do some people affected by leprosy need reconstructive surgery?

Reconstructive surgery for leprosy corrects physical deformities like claw hands, foot drop, and facial disfigurements, caused by nerve damage from the disease, aiming to restore function, improve appearance, prevent further disability, and reduce social stigma.



47. When should a patient be referred for surgery?

Refer when there is:

- Persistent nerve pain or new weakness,
- Deep ulcers not healing,
- Hand or foot deformity needing correction.

48. Why is self-care important?

Regular self-care prevents new wounds, infections, and disabilities.

49. How does leprosy affect the eyes?

Leprosy can cause dryness, redness, or inability to close the eyelids, which may lead to injury or blindness if not treated.

50. What precautions protect the eyes?

Use sunglasses, avoid dust, blink often, and apply simple eye ointment at night if eyelids don't close fully.



51. What are secondary deformities?

Secondary deformities are problems like ulcers, shortening of fingers or toes, and contractures that occur after nerve damage.

52. Can physiotherapy help?

Yes. Simple exercises keep joints flexible and muscles strong. Physiotherapy helps maintain movement and prevent stiffness.



53. What assistive devices help in disability?

Protective footwear, splints, crutches, or custom-made aids help prevent pressure sores and improve mobility.

54. How can a patient regain confidence?

A patient needs support, counselling, self-care training, and community acceptance. Joining self-help or peer groups helps greatly.

55. How does rehabilitation help inclusion?

Providing skills, education, and livelihood support to people affected by leprosy can help them live independently and with dignity.



PART 3

REACTIONS AND TREATMENT

(053-064)

56. What are leprosy reactions?

Leprosy reactions are sudden episodes of inflammation in the skin or nerves. They are the body's response to the dead *M. leprae* bacteria and can cause pain, swelling, or redness.



57. What is a Type 1 reaction?

Type 1 reaction (also called reversal reaction) happens when the body's immunity suddenly increases. Skin patches become red and swollen, and nerves may become painful or thickened.

58. What is a Type 2 reaction?

Type 2 reaction (called Erythema Nodosum Leprosum or ENL) occurs in multibacillary patients. It causes painful red nodules on the skin, fever, joint pain, and sometimes eye or nerve pain.

59. Are reactions dangerous?

Yes, if untreated. Reactions can damage nerves quickly, causing loss of sensation or weakness, which can lead to permanent disability. That is why early detection and prompt treatment are vital.

60. How are reactions treated?

Treatment includes anti-inflammatory medicines like corticosteroids (e.g. Prednisolone) under medical supervision, along with rest and continued MDT.



61. How to identify a reaction early?

Look for new redness, swelling, nerve pain, tenderness, tingling, or new muscle weakness. Patients should report these signs immediately.

62. Can reactions happen after cure?

Yes. Reactions may occur even after treatment is completed because dead bacteria remain in the body for some time.

63. What are the common side effects of MDT?

Minor side effects include darkening of skin (from Clofazimine), itching, or stomach upset. Serious side effects are rare but should be reported to a health worker.

64. What should a patient do if they miss a dose?

Take the next dose as soon as possible and continue the schedule. Missing a few days does not harm if treatment is restarted promptly.

65. What if a patient becomes pregnant during treatment?

MDT is safe during pregnancy and breastfeeding. The patient should continue treatment and stay under medical supervision.



66. Can leprosy patients take other medicines?

Yes, most common medicines are safe. However, patients should inform their health worker or doctor before starting new drugs.

67. What lifestyle changes help recovery?

Eat healthy food, rest well, care for skin and limbs, avoid alcohol and smoking, and take all medicines regularly. Emotional support and self-confidence also help in healing.

PART 4

COMMUNITY ROLE AND STIGMA (065-085)

68. Why is there stigma around leprosy?

Because of old myths and the fear of infection, people wrongly believe leprosy is untreatable or a curse. Lack of knowledge creates unnecessary fear.

69. How can we change community attitude?

By sharing facts — leprosy is curable, not highly contagious, and treated people are safe. Encourage people to show care, not fear.



70. What messages should be shared during community meetings or VHSNDs?

“Leprosy is curable,”
“Treatment is free,”
“Early detection prevents disability,” and “People with leprosy can live normal lives.”

71. How can ASHAs identify people with suspected leprosy?

During home visits, look for pale or reddish patches with loss of sensation, numbness in hands or feet, or weakness in fingers or toes.

72. How should ASHAs talk to families about leprosy?

With empathy and confidence. Explain that it is a bacterial disease, fully curable, and early treatment protects the whole family.

73. How can the Village Health, Sanitation and Nutrition Committee (VHSNC) help?

VHSNCs can include leprosy awareness in meetings, support patients to access treatment, and use untied funds for health education.

74. How can schools help in awareness?

By teaching children that leprosy is curable, encouraging kindness, and inviting health workers for health education sessions.

75. What is the role of Panchayati Raj Institutions (PRI)?

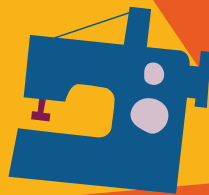
PRI leaders can reduce stigma by speaking openly, supporting awareness campaigns, and ensuring inclusion of people affected in local schemes.

76. How can we support the inclusion of persons affected by leprosy?

Encourage them to join community events, access government schemes, and share their success stories to inspire others.

77. What is community-based rehabilitation (CBR)?

CBR helps people affected by leprosy regain independence through self-care, skill training, social inclusion, and livelihood opportunities.



78. What is the role of The Leprosy Mission, other NGOs and civil society?

NGOs like The Leprosy Mission help raise awareness, provide medical and rehabilitation support, and advocate for rights and inclusion.

79. How can myths about leprosy be addressed?

Through simple, fact-based messages – “Leprosy is caused by bacteria, not by touch, curse, or heredity.” Use community meetings, posters, and street plays.

80. How to organise awareness campaigns?

Plan awareness events using Panchayati Raj Institutions (PRIs), SHGs (self-

help groups), faith groups, local media, schools, and other local stakeholders and share real stories of cured persons to promote health-seeking behaviour.

81. How to involve cured persons in advocacy?

Invite them to share their experiences in meetings. Hearing from a cured person helps reduce fear and stigma.

82. What role can faith leaders play?

Faith leaders are trusted voices. If they speak positively about leprosy and acceptance, communities quickly change their attitude.



83. How can stigma affect treatment adherence?

Stigma can make people hide their disease or stop taking medicine. Encouragement and privacy in care help them continue treatment.

84. What counselling messages work best?

Reassure patients that they are not alone, that leprosy is curable, and that early treatment prevents disability. Encourage family support.

85. How can we protect the rights of people affected by leprosy?

We need to ensure that they have access to healthcare, education, jobs, and welfare benefits without discrimination. Promote awareness of disability rights laws.



86. How to respond to discrimination cases?

Support the person to speak up, link them with local authorities or NGOs, and raise awareness in the community. Never ignore incidents of discrimination.

87. What are examples of successful inclusion stories?

Many cured persons lead normal lives, work as ASHAs, community leaders, health workers or teachers — proving that with treatment and support, life after leprosy will have dignity.



PART 5

ROLE OF HEALTH WORKERS (Q85-Q100)

88. What is the role of the ASHA in leprosy control?

ASHAs are the first point of contact in the community. They identify suspected cases, refer them for diagnosis, support treatment, and spread awareness about cure and prevention.

89. How can ASHA identify leprosy symptoms during home visits?

Look for pale or reddish patches with loss of sensation, thickened nerves, numbness, or weakness in hands, feet, or eyelids.



90. How should ASHA follow up with people on MDT?

Visit regularly, ensure medicine is taken on time, check for side effects or new symptoms, and motivate the person to complete the full course.

91. What should ASHA do for patients with ulcers or deformities?

Encourage daily self-care – washing, oiling, and inspecting hands and feet. Refer to the health centre if ulcers don't heal or deformities worsen.

92. How can ASHA coordinate with auxiliary nurse midwives (ANMs) and Anganwadi workers (AWW)?

ASHAs can share information on suspected or treated cases, planning joint Village Health, Sanitation & Nutrition Day (VHSND) sessions, and ensuring follow-up for each patient and family.

93. What support should facilitators give ASHAs?

Facilitators should provide training, offer handholding during supportive supervision, conduct monitoring visits, and ensure ASHAs feel confident in identifying and managing leprosy suspects at the grassroots level.

94. How should ASHA record and report leprosy cases?

Maintain a simple diary of suspected and confirmed cases, treatment start dates, and follow-ups. Share updates during cluster or sub-health centre meetings.

95. How can ASHA handle stigma in her village?

Lead by example – treat cured people with respect, include them in village events, and correct myths with facts during home visits.



96. What incentives are available for ASHAs in leprosy work?

ASHAs may receive incentives for identifying new cases, supporting treatment completion, and conducting awareness activities, as per local government guidelines.

97. How to refer suspected cases?

Guide the person to the nearest PHC or government hospital for confirmation. If possible, accompany them or arrange transport through VHSNC or health staff.

98. What to do if MDT drugs are out of stock?

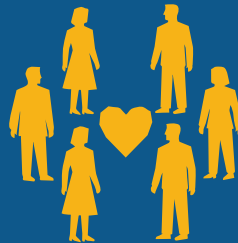
Inform the ANM or CHO (Community Health Officer) immediately. Patients should never buy medicines on their own; MDT is always free through official supply.

99. How to motivate defaulters to restart treatment?

Visit them with empathy, listen to their reasons, explain the importance of completing MDT, and reassure them that side-effects or stigma can be managed.

100. How to ensure people with disabilities have access to welfare schemes?

Link them to disability certificates, livelihood schemes, or self-help groups. Work with PRI members and NGOs to support inclusion and income opportunities.





Leprosy is no longer a mystery or a curse —
it is a curable disease.

Your role as a health worker, volunteer, or
community leader can change lives.

Together, we can ensure that no
one suffers from leprosy
or the stigma
around it.



Developed by



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