## people in need people in need people in need

Dadirayi: A new creation in Christ



F you thought that leprosy, one of the most ancient diseases known to man, no longer existed then you'd be astonished to learn that it is currently a public health problem in 15 of the world's poorest countries.

Leprosy is caused by a bacillus, mycobacterium leprae, which attacks: the nervous system. It is probably spread through coughing and sneezing. Owing to the age-old myths, stigma and fear associated with the disease, many people who catch leprosy try to hide any signs of it. This delay can cause paralysis, blindness, severe ulceration and bone infection. Yet leprosy can be cured with multidrug therapy (MDT), which costs just £15 to administer, in as little as six months.

Since MDT was introduced in 1982, over 11 million people have been cured of the disease. Most of these were treated before they developed deformities and were thus spared the stigma. However, an unacceptable three to four mil-

lion people now suffer are threatened with.

Leprosy, th forgotten disease

The World Health Organisation has declared that leprosy is no longer a public health problem, but for people in some of the world's poorest countries it remains a terrible threat. SIMON WATKINSON explains why the work of The Leprosy Mission is still vital

permanent disability due to leprosy.

In 2001, over 760,000 new leprosy cases were detected - about 90,000 of these had already been disabled by the disease and 82,000 were children.

Yet in this same year, the World Health Organisation (WHO) declared that the disease was no longer a public health problem as a prevalence rate of less than 1 per 10,000 had been attained, based on the global population.

Since this calculation included countries without any leprosy, it did not reflect the true situation. What's more, prevalence rates recorded in several parts of northeast India where The Leprosy Mission (TLM) has hospitals were more than 20 times higher!

WHO's conclusion that a rate of less than 1 per 10,000 would halt transmission of the disease was a false assumption, as MDT does not stop the epidemic. Pockets of high endemicity are consistently encountered in countries like Bangladesh and Sudan where the disease is officially under control.

Whilst communities in Brazil, India, Madagascar, Mozambique, Myanmar and Nepal are still

unreached by effective leprosy services, problems also arise in areas where leprosy has seemingly been brought under control. Here, as limited resources are diverted to more visible diseases, leprosy sufferers are at greater risk of going undetected until disability makes the diagnosis more obvious. The story of Phikiswa Ggobhoka, from the Eastern Cape region of South Africa, bears a pitiful testimony to this sobering fact.

## Phikiswa is still only 23 years old, but tragically resembles an old woman

When Phikiswa first developed leprous symptoms over two years ago at the age of 21, she went to a local witchdoctor and then visited several local clinics. But none of these treatments were beneficial. Her leprosy was finally diagnosed after she attended the dermatology department of a main hospital where a staff member of TLM, Frikkie Naude, had previously lectured.

Phikiswa is still only 23 years old, but tragically resembles an old woman. As showing respect to older people is a local custom, folk call her 'granny'. This is obviously very upsetting for Phikiswa, who is extremely shy and often

covers her face completely with a blanket. She also stares at the floor to avoid eye contact.

Because of her fragile, dejected appearance and what people might say about her, her immediate family abandoned her, so her disabled grandmother, who struggles to care for herself and two other children, took her in for a while. After much persuasion, Frikkie persuaded Phikiswa's elder sister to look after her and she has promised not to send her back to their grandmother. Treatment with steroids will clear the nodules on Phikiswa's face caused by leprosy reaction. Her prayer to be well again and accepted by her family and friends may then be answered.

One of TLM's great strengths is its evangelical ministry. The lifechanging message of the Gospels is the ultimate consolation for those who have endured the most horrific suffering and lost everything.

Dadirayi Mhakayakora was born in 1972 in a rural village near Harare in Zimbabwe. Before finishing school, she had enjoyed a happy childhood. Then she moved away to work as a house-cleaner in Rusape, where she fell in love with a gardener. They married and had a son, Tapiwa.

During her next pregnancy with Catherine, she injured her left foot and within days she was covered in spots and had a foot ulcer. After numerous visits to hospitals, her ulcer healed but the rash remained. Assuming she had Aids, her hus-



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