

67th

Foundation

Day

Celebration



Indian Association of Leprologists

**G. L. T. Hall
School of
Tropical Medicine
Kolkata**

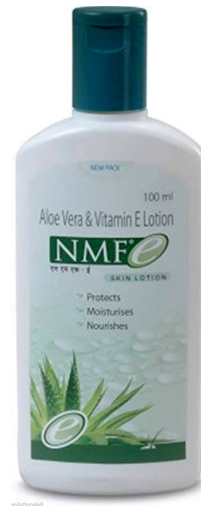
**2nd October,
2018**

With Best Compliments From:



With Best Compliments From:

Palson Derma



With Best Compliments From:



With Best Compliments From:





যাহাদের কথা ভুলেছে সবাই,

তুমি তাহাদের শুধু ভোলো নাই..... -রবীন্দ্রনাথ ঠাকুর

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FOUNDATION DAY CELEBRATION OF INDIAN ASSOCIATION OF LEPROLOGISTS



THEME

**Current Scenario of Leprosy in India- In Search of the Ideal Ways to
keep up the Status of Elimination**

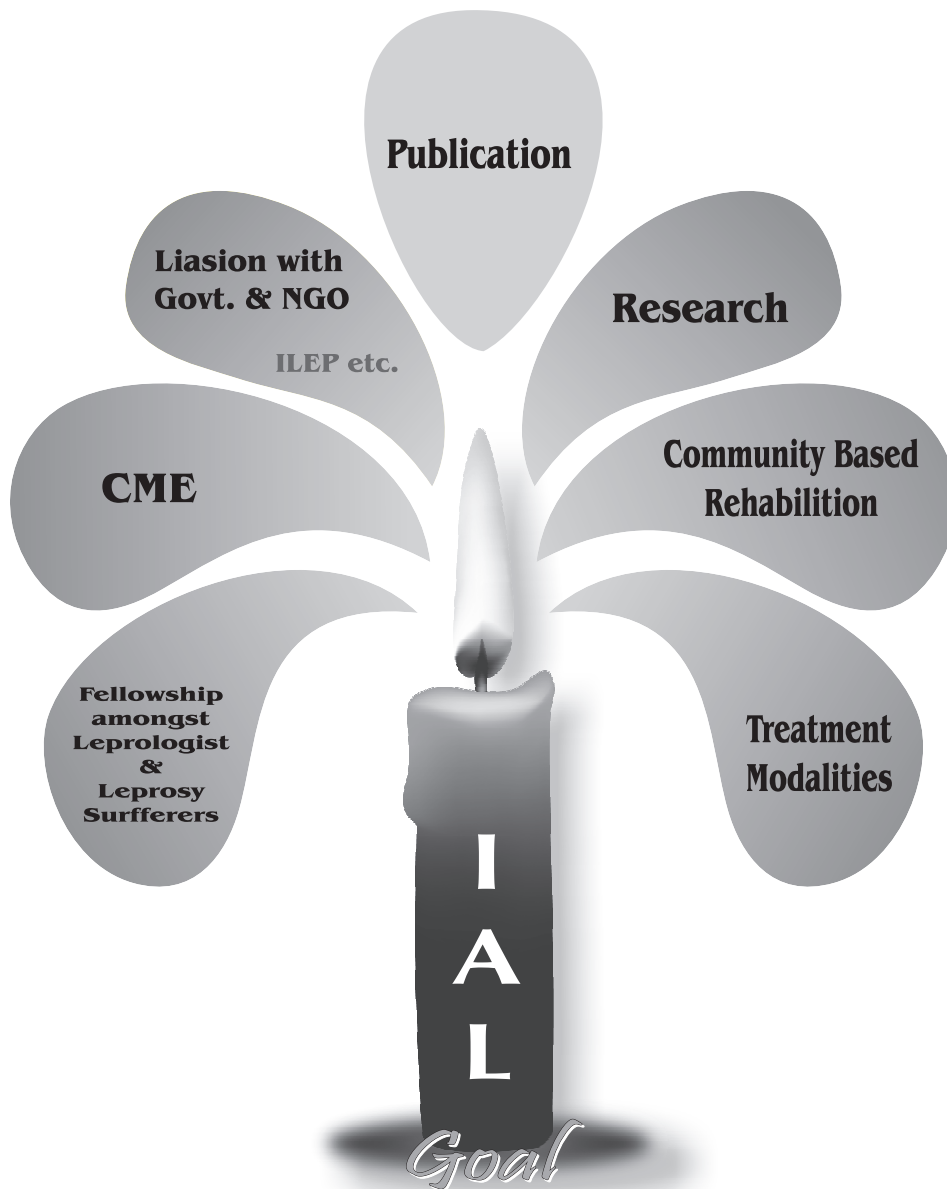
**Organised by
Indian Association of Leprologists**

In collaboration with
Department of Dermatology & Pharmacology
School of Tropical Medicine, Kolkata
Department of Leprosy Control Programme, Govt. of WB
IADVL West Bengal

Date :
2ND OCTOBER 2018, TUESDAY,

VENUE
GENERAL LECTURE THEATRE,
SCHOOL OF TROPICAL MEDICINE, KOLKATA

INDIAN ASSOCIATION OF LEPROLOGISTS (IAL)



Advocacy in Community Health Care of People Affected with Leprosy in Indian Subcontinent

Theme : " Current Scenario of Leprosy in India-In Search of the Ideal Ways to keep up the Status of Elimination"

Prof.(Dr.) Pradip Kumar Mitra
Director of Medical Education
Department of Health & Family Welfare
Government of West Bengal

SWASTHYA BHAVAN
GN-29, Sector-V, Salt Lake City
Kolkata-700 091
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No.DME-Spl.Corresp./2018/325

28th September, 2018


M E S S A G E

It gives me immense pleasure to note that the Indian Association of Leprologists is going to celebrate its 67th Foundation Day & CME programme on 2nd October, 2018 at GLT of School of Tropical Medicine, Kolkata.

The Indian Association of Leprologists has been successfully doing the grand task of fighting against the Leprosy in India since its inception. Their mission & goal has always been focusing on providing state of the art care to patients through continuing professional development of members, increasing the awareness and understanding about the disease and developing research activities in this field. The dedicated endeavor of the Association has immensely help to minimize the rate of incidence of this disease. I had the opportunity to witnessing few of the activities organized by Prof. R. N. Dutta amongst the community. The Foundation Day Celebration along with the CME programme would provide opportunities to the members of the Association to interact with each other in presence of senior professionals. This programme would also provide opportunity to the members of the Association to keep up their unity, fraternity as well as their socio-medico commitment.

I express my best wishes to all the participants in this programme and wish it a grand success.

Prof.(Dr.) R. N. Dutta
President,
Indian Association of Leprologists.


Prof.(Dr.) P. K. Mitra
Director of Medical Education
Government of West Bengal
Swasthya Bhavan
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Prof. (Dr.) Ajoy Kr. Chakraborty
Director of Health Services,
Department of Family Welfare
Government of West Bengal

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Kolkata 700 091
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MESSAGE

The Indian Association of Leprologists is an organisation which has played a great role in helping the people affected with Leprosy in the treatment and rehabilitation in many cases.

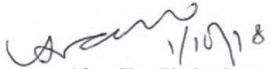
The prevalence has been reduced from 5 million cases in mid 1980s to less than 2 lakh at the end of 2016. The National Leprosy Eradication Programme (NLEP) was behind this programme and was also supported by WHO, ILEP and few other organisations.

Now, Leprosy is practically eliminated from most parts of our country though there are pockets where it is still present and may be a potential threat in future.

I am sure that Indian Association of Leprologists will keep on doing this good work. I would suggest this organisation to conduct CME on leprosy for general practitioners and also the medical students as this will surely renew awareness and practical diagnostic knowledge amongst these health care workers.

I wish them all success.

Dated : Kolkata, the 1st of October, 2018


Ajoy Kr. Chakraborty
Director of Health Services

Our Tribute to The Father of The Nation

THE GREAT SOUL DEDICATED FOR THE CAUSE OF LEPROSY



GANDHIJI'S ASOCIATION WITH LEPROSY WORK

1882-83	Rajkot	Gandhiji was deeply impressed by the account of their family priest, Ladha Mahraj, who, it was said, got rid of his leprosy by chanting Ramanam and applying Bilwa Patra.
1894-95	Durban	Gandhiji met leprosy patient on road
1897	Durban	Gandhiji nursed a leprosy patient in gandhiji's own house. He did this as an act of concrete service to his fellow-men.
1905	South Africa	Gandhiji wrote a short article about a missionary worker who contracted leprosy while doing working in India.
1913-15	Pune	Rescued and helped a leprosy patient when Gandhiji had been for his evening walk.
1913-15	Madras	Gandhiji wiped the bleeding sores of a leprosy patient (an eminent political worker and founder Member of Indian Nation Congress) with the ends of his (Gandhiji's) own garment, Shri Srinivas Sastri was present at this time.
1917	Champaranya	During the Champaranya March, Gandhiji escorted one of his fellow-workers, a leprosy patient, to the camp.

1925	Cuttack	Gandhiji visited Cuttack leprosy Hospital. This was a hurried visit on August 19, 1925.
1925	Purulia	On September 12, 1925 Gandhiji visited Purulia Leprosy Hospital.
1927	Cuttack	On December 21, 1927 Gandhiji visited Cuttack leprosy Hospital. Here he patted the heads of the patient and shook hands with them after Completing his Speech.
1929	Almora area	During his tour of the Almora area, it is reported that he visited leprosy Hospitals at Almora Kaysani and Bageswar.
1944	Sevagram	Kasturba Trust was established. Leprosy work was included as one of the items of work to be done through the trust.
1944	Sevagram	Visited Dattapur Leprosy Hospital on 12, 1944. Called Mr. Manohar Divan as "True Mahatma".
1945	Sevagram	On February 9, 1945 Dr. R G Cochrane, the world famous leprologist come to meet Babu at sevagram.
1946	Madras State	On February 4, 1964 Gandhiji met the patient at the Willingdon Leprosy Hospital, Chingleput.
1946		---- Gandhiji came to know that the Sind Assembly was proposing to introduce a bill for compulsory sterilization of leprosy patient. Gandhiji wrote to Prof. N. K. Malkani member of the Assembly. On receipt of Gandhiji's letter the proposed bill was dropped.(June1946).
1947	---	Harijan Dated January12, 1947 published a detailed statement from medical men of India, condemning the bill for compulsory sterilisation of leprosy patient in Sind Province
1947	Noakhali	On February 05, 1947 Gandhiji mentioned in his post prayer speech that special representations, if any, in the various assemblies and bodies should be given to leprosy Patients and other disables.
1947	Calcutta	On September 4, 1947 visited the Gobra leprosy Hospital near Calcutta.. It was here that he said that he considered mental leprosy worse than physical leprosy.
1947	New Delhi	Mentioned leprosy in his post-prayer-speeches on two successive days, October 23 and 24, 1947. Also sent a Message to the All India Leprosy Workers' Conference.

INDIAN ASSOCIATION OF LEPROLOGISTS CENTRAL COUNCIL 2016 - 2018

President

Prof: Rathindra Nath Dutta

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Dr. Helen Roberts

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Dr. Nibir Biswas

Immediate Past President

Prof. Swapan Samanta

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All Cheques/Demand Draft should be drawn in favour of "Indian Association of Leprologists" & payable at Tamluk

LEPCON 2014

29th. Biennial Conference of Indian Association of Leprologists PGIMER, Chandigarh



Installation of President Prof. Swapan K Samanta by
Dr. K. Venkateshan, Vice President, IAL



Dignitaries on the dias at Inauguration
(Extreme Right) Prof. Sunil Dogra, The Organising Secretary

IAL Mid Term Conf Hyderabad

22nd April, 2015



Prof. Samantha, President, IAL



Inauguration



Prof. Rathindra Nath Dutta, Secretary, IAL



Dr. P. Narasimha Rao, Organising Secretary



Dr. Sujai Suneetha
Scientific Committee Chairman



Dr. Atul Shah, Past President, IAL
Receiving Life Time Achievement Award



Dr. V.V. Dongre, Past Hony. Secretary
Receiving Life Time Achievement Award



Dr. Geeta Kiran Receiving Memento from Prof. Rathindra Nath Dutta



Best Paper Award by Dr. Vanaja Shetty



Dr. V M Katoch, Past President, IAL
DG, ICMR, New Delhi



Felicitation to Dr. Sujai Suneetha by Prof. Swapan Samanta

IAL First National CME cum Orientation Training Programme

North Bengal Medical College, Sushrut Nagar, Darjeeling, West Bengal

on 30th January, 2015



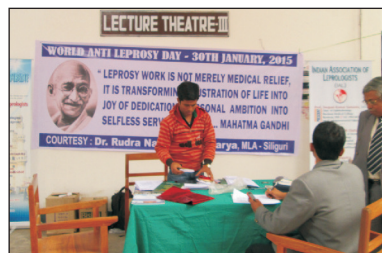
North Bengal Medical College



Assembly



Our Pledge to The Father of the Nation



Registration Counter & IAL Information Booth



IAL Felicitation to Father Julius Kujur of Jeeshu Ashram, Matigara, Darjeeling

IAL Second National CME cum Orientation Training Programme

Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh

20th. March, 2015



Banaras Hind University



A galaxy of Audience with the Prize Winners of "Poster Competition"



Inauguration by Kul-Geet (University Prayer)
(Prof. Emeritus Gurmohan Singh is sitting in the middle along with Director, IMS, BHU on his left)



Presentation of Memento by Prof. R N Dutta to Dr. Sri Kanta Tropathy, Director, CNIJALMA & other Microbial Diseases, Agra , UP after his deliberation

IAL Third National CME cum Orientation Training Programme

S C B Medical College, Cuttack, Odisha

8th. May, 2015



SCB Medical College



A galaxy of Audience with the Prize Winners of "Poster Competition" & "Quiz Competition"



Inauguration



Welcome Address by Dr. Manas Puhan,
(Asst. Prof., Dept of Dermatology & Venereology
S C B Medical College) Org. Secy



IAL Felicitation to Prof. P K Agarwal,
Veteran Leprologist of Odisha by
Dr. D K Porichha, Past Hony. Secretary of IAL

IAL Fourth National CME cum Orientation Training Programme

Rajah Muthiah Medical College, Chidambaram, Tamil Nadu

on 19th. June, 2015



*Rajah Muthiah Medical College,
Chidambaram, Tamil Nadu*



The Attending PGT



*Inauguration by Vice Chancellor
of Annamalai University*



Dignitaries on the dias



Theme Address by Dr. S. K. Noordeen

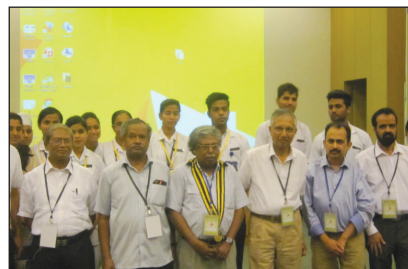
IAL Fifth National CME cum Orientation Training Programme

Christian Medical College, Ludhiana, Punjab

on 25th. July, 2015



C.M.C. Ludhiana, Punjab



The Attending PGT & Faculty



Inauguration by Bishop Younus Massi



*Felicitations to Dr. Rakesh Bharti,
President, Punjab State Branch of IADVL (Rt)*

IAL Sixth National CME cum Orientation Training Programme
Silchar Medical Collage, Silchar, Assam
 on 18th September, 2015



Silchar Medical College & Hospital



Attending Faculty & PGT



Dignitaries on the Dias



Inauguration by Principal Prof. Mrs. S Barman

IAL Seventh National CME cum Orientation Training Programme
MGIMS, Sevagram, Wardha, Maharashtra
 on 2nd October, 2015



Mahatma Gandhi Institute of Medical Science



Group of Participants



*Inauguration by Dr. K. V. Desikan
& Prof. S. K. Samanta*



*Felicitation to Prof. Bishan S. Garg
by Dr. V. V. Dongre.*

IAL Eighth National CME cum Orientation Training Programme S. N. Medical College, Agra, Uttar Pradesh

on 9th October, 2015



S. N. Medical College, Agra, Uttar Pradesh



Group of Participants



Inaugural Choir



Dignitaries on The Dias

Seminar on “Operational Analysis of Leprosy Case Detection Campaign (LCDC) in Maharashtra State”

Parivartan Sabhagraha, Arogya Bhavan, Vishrant Wadi, Pune
on 28th April, 2018



GRECALTES

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Kolkata



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Our Immediate Past President



Prof. Dr. Swapan Samanta

Dr. Swapan Samanta, Born in 1953 in a school teachers' family of a remote village of West Bengal, India. Dr. Swapan K Samanta MBBS (Hons) (North Bengal University 1976), MS University, 1981), CCEH (ICEH, London, 1995), had engaged himself in Academic Clinical & Operational Aspect of the Management of Ocular leprosy for the last 35 years since present he is Professor of Ophthalmology of Burdwan Medical College & Hospital, Burdwan, India. Earlier (1983-1999) he served as the Senior Eye Surgeon and In Charge of Central Mobile Eye Unit attached to Bankura Medical College, Bankura, West Bengal for catering Community Eye Health care Services for the Ten Million Population of the Five Districts of Southern Bengal. He joined West Bengal Medical Education Services in 1999. He was the

invited teaching faculty International Centre for Advancement in Rural Eye Care, LV Prasad Eye Institute, Hyderabad and Guest Lecturer on Ocular Leprosy at numerous places including Munich University Eye Hospital, Munich, Germany.

Dr. Samanta is the founder Honorary Secretary of Indian Alumni Group of ICEH, London (Indian Alumni Group of International Centre for Eye Health) from 2000 to 2009 - then Honorary General Secretary, Indian Association of Community Ophthalmology (now known as Association of Community Ophthalmologists of India) from its inception in 2009 till date, President of Indian Association of Leprologists (2014-) & Deputy Secretary General of SAARC Academy of Ophthalmology.

He is the recipient of Dr. E V Srinivasan Gold Medal 2000 (All India Ophthalmological Society), Dr. P N Avasthi Memorial Oration Award 2008 from Uttar Pradesh State Ophthalmological Society, UKSOS Gold Medal 2011 (Uttarakhand State Ophthalmological Society), First Dr. Alim Chowdhury Award 2014 (Bangladesh Community Ophthalmological Society), Dr. R C Meher Oration Award 2015 (Eastern India Zonal Ophthalmological Society) & APAO Outstanding Service in Prevention of Blindness Award, 2015 (Asia Pacific Academy of Ophthalmology). Dr. Samanta has 20 publications & more than 150 Presentations and a chapter (IAL Text Book of Leprosy) on Ocular Leprosy & 20 publications & 150 presentations on Community Ophthalmology in different peer reviewed National and International Journals & Proceedings.

Email: swapansamanta53@gmail.com



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*Source: PHARMA EXCELLENCE AWARDS Feb'18

From the Desk of National President, IAL



Prof. Dr. Rathindra Nath Dutta

Dear Colleagues,

Greetings from the IAL Secretariat situated in West Bengal.

We feel proud to be here today to celebrate the 67th Foundation Day of the Indian Association of Leprologists which was born and nurtured from this very building, the School of Tropical Medicine, by legendary Dr. Dharmendra and his team.

The West Bengal Medical Council has granted an accreditation of three hours for the CME which we are having here.

It was an wonderful session (2014-2017) to look after the Secretariat Office with some new ideas to venture the remotest areas of India with the message of IAL. It was a dynamic start in 2015 and we are fortunate to enjoy the kind patronage of the Philanthropists, Politicians, Health Administrator and Health Personnel from all categories. Buy unfortunately we could not continue the rhythm due to the lack of Resources and Motivation from all corners. With the kind participation and blessings of Dr. Noordeen, Prof. Gur Mohan Singh, Dr. K V Desikan, Dr. V V Dongre, I must acknowledge the enthusiasm of Dr. Shrikant Tripathy & Dr. U D Gupta, Directors as well as Dr. Keshar Kunja Mahanty, Dr. Anil Kumar, Dr. D S Chauhan, Dr. Raj Kamal of CJIL & OMD, Agra, The Faculties of CMC, Ludhiana, IMS-BHU, Varanasi, North Bengal Medical College, Darjeeling, SCB Medical College, Cuttack, S N Medical College, Agra, MGM Medical College, Wardha & the Members of IAL & IADVL to implement our goal.

We are sure that we will go through our unfinished task in coming year if we can get the support from Government (Specially NLEP), ILEP, IADVL & above all from our beloved Members of IAL.

Regards & Best Wishes

Jai Hind.

Prof. Rathindra Nath Dutta
National President, IAL

Prof, Dr. Rathindra Nath Dutta, National President, IAL.

Prof. Dr. Rathindra Nath Dutta hails from and passed Senior Cambridge (ISC) from Loyola School in the Steel City of Jamshedpur. After MBBS from CNMC Kolkata and MD in Dermatology from PMCH Patna, his government stint took him to Canning Rural Hospital, then to Sadar Hospital Purulia. He joined MES as assistant Professor at CNMC, later transferred to IPGMER and SSKM Hospital from where he worked as Professor and HOD and retired in 2010.

During his tenure, he was the CHAIRMAN, Post Graduate Academic Council, re organized and fully upgraded the Department with space staff and interiors and also introduced 5 MD (Dermatology) seats, in IPGMER, Kolkata, of IPGME&R.

He was the Coordinator, Course Committee of Calcutta University, later, the Convenor, Board of Studies in West Bengal University of Health Sciences, Post Graduate Examiner of 7 Universities, published papers in many leading very high impact international Journals and is a Peer Reviewer of JIADVL, JIASSTD, IJD, JIMA.

Prof. R. N. Dutta is the Past National President: IASSTD & AIDS; President: Eastern India Cosmetic Dermatology Research Academy; Chairperson, Eastern India Dermatotomy and Cosmetic Dermatology Workshop

He was the Past National Vice President: IADVL; Past President: IADVL, WB etc.

Prof. R. N. Dutta is presently attached to Columbia Asia Hospital and regularly conducts training programmes on Leprosy and Dermatological disorders.

Email : rn_dutta@rediffmail.com

Welcome Address from Organising Secretary, (IAL)

October 2nd 2018

Dear members,

On behalf of Indian Association of Leprologist (IAL); we welcome you for the 'The foundation day celebration' and 'Annual Special General Body Meeting' of IAL (Session 2017 – 2019). The School of tropical medicine Kolkata; the venue chosen for today's meeting, has immense historical importance. This place has served as a cradle for the association. After the inception in 1950 by Dr. Dharmendra and the other eminent leprologists of the time, 'The IAL' has immersed as a prominent organization encompassing various aspects of leprosy viz. scientific research, treatment and social welfare of leprosy affected individuals. The members of the association include leprologists, dermatologists and laboratory scientists with membership strength of > 800 members.

Effective anti-leprosy treatment in the form of MDT, increasing social awareness and consistent efforts by the governmental as well as non- governmental agencies towards leprosy control; has resulted in decrease in leprosy prevalence. However; the number of new cases of leprosy detected every year has remained steady for last few years. Thus indicating need for continued efforts towards control of the disease in the community. Early detection and treatment of leprosy will result in decreased transmission. It would also assist in early detection of nerve function impairment and the associated deformities, thus saving the working hands for the nation. Today's presentations will address some of these important issues.

The fight against leprosy will continue, come let's work together towards leprosy free India.

Thanking you for your participation in today's program,

Sincerely,

Mrudula Save,
Hon. Secretary, IAL

PROGRAMMEE

09.00 - 10.00	Registration + Visit Leprosy OPD
10.00 - 10.20.	Leprosy - Present Presentation & Management - Dr. Helen Roberts Head, The Leprosy Mission Kolkata
10.20 - 10.40	Reconstructive Surgery - Prof. Rupnarayan Bhattacharyay, Plastic Surgeon of R G Kar MCH
10.40 - 11.00	Towards Zero from Leprosy - Dr. Vivek Lal. Director, GLRA
11.00 - 11.20.	Self Help Programme for Leprosy Patients Prof. Nilay Kanti Das, Bankura Medical College & Dr. Nibir Biswas, School of Tropical Medicine, Kolkata & their team.
11.20 - 11.40	
11.40 - 12.00	Vaccines in Leprosy - Prof. U. Sengupta, Retd Director, JALMA, Agra.
12.00-12.30	INAUGURATION
12.30 - 12.50	Leprosy. The incurable Blindness Prof. Swapan Samata, HOD, Ophthalmology, Burdwan Medical College (Imm. Past President, IAL)
12.50 - 01.20	Ethics and leprosy. Prof Santanu Tripathi. School of Tropical Medicine. Kolkata.
01.20 - 02.30	LUNCH
02.30 - 04.00	AGM



Dr. Helen Roberts

Leprosy- Present scenario & Management

Dr. Helen Roberts

Medical superintendent ,
The leprosy Mission, Premananda Memorial Leprosy Hospital, Kolkata

Abstract

Leprosy is an age old disease, has been the single most disease complex requiring multispeciality approach, poses difficult clinical presentation, so much so that each case is puzzle to be solved. In this presentation, short presentation of current status of Leprosy in our country will be presented. Some examples of difficult presentations of leprosy from my experience will be presented. Some of the challenges that we face today and the gaps in services will be highlighted.

BIODATA

Dr. Helen Roberts hails from Tamil Nadu, graduated in the year 1986 from Kurnool Medical college, started her carrier at Schieffelin Leprosy Research & training centre . In 1989, she moved to Kolkata , worked as Medical officer in charge of Leprosy control programme until the time of declaration of Leprosy elimination in 2000.

Meanwhile she acquired Post graduate diploma in Ophthalmology, started fulltime Ophthalmic services since 1996 ; She became the Medical superintendent in the year 2011 September.

Her areas of expertise include Medical management of Leprosy complications & Ocular Leprosy .



Dr. Rupnarayan Bhattacharya

Leprosy Reconstructive surgery - West Bengal model, an analysis

Dr Rupnarayan Bhattacharya

Professor & Head, Department of Plastic Surgery,
R G Kar Medical College

Abstract

Though the incidence of Leprosy is declining, the number of LAP with Grade 2 deformity is still very high. The Surgeons in the Department of Plastic are performing Reconstructive Surgery for LAP at the district level for last 13 years. The presentation reveals the model of the program and Analyses the difficulties faced so far.

BIODATA

DOB. 14.01.1966

Graduated from NRS MCH. Post doctoral degree in Plastic surgery from SSKM Hospital in 1999.

Presently holding the post of Professor & Head, Department of Plastic Surgery, in R G Kar Medical College.

Associated with Leprosy Reconstructive Surgery for more than 24 years.

Published papers on different journals and guided almost 10 Thesis papers on different aspects of Leprosy Reconstructive surgery. Recipient of Jal Mehta Award in the year 2017.



Dr. U Sengupta

Vaccines in Leprosy

Dr. Utpal Sengupta

Ex-Director, JALMA (ICMR), Consultant, Stanley Browne Laboratory,
The Leprosy Mission Trust India, Delhi

Abstract

Several candidate vaccines were identified based on the following criteria: (i) It should be able to convert lepromin negative individual to lepromin positive; (ii) It should be able to upgrade the immune status of lepromatous patients to the tuberculoid form and (iii) It should be able to stop the growth of *M. leprae* in mouse foot pad of laboratory mice. Considering these criteria the several candidate vaccines were found out by various researchers. These vaccines are: (i) BCG, *M. leprae*, BCG + *M. leprae*, Mw (now MIP), ICRC, *M. vaccae*. However, recently a subunit vaccine of *M. leprae* (ML) (fusion construct of ML2055, ML 2380 and ML 2028) has been developed which has been noted to protect mice from *M. leprae* foot pad growth and reduces nerve damage in *M. leprae* infected armadillos.

All the BCG trials for prevention of leprosy were found to be very variable which varied from 20% in Burma to 80% in Uganda. This variability in protection to leprosy might be due to sensitization of the population by environmental mycobacterium like *M. vaccae* or because of strain variation of BCG used for protection. Further addition of *M. leprae* to BCG, i.e., *M. leprae* + BCG did not also show any further protective efficacy over BCG. ICRC bacilli (Indian Cancer Research Institute bacilli isolated from a leprosy granuloma of patient and adopted in modified Dubois medium and belong to *M. avium* intercellulare group) showed a protective efficacy up to 65.5%. Mw, recently categorized as *Mycobacterium indicus pranii* and now designated as MIP, a saprophyte, was found to protect 68.6% individuals from leprosy during the 1st year of vaccination which went down gradually to 59% in 2nd year and 39.3% in 3rd year. To maintain the memory function of the vaccine, MIP, a booster injection of the vaccine is required. This vaccine is a heat killed (1×10^9) in normal saline and administered Intradermally in 2 divided doses in deltoid region. Second booster dose of 5×10^8 (half of the 1st dose) is given after 6 months. This candidate vaccine has been approved by DCGI and US Food and Drug Administration (FDA) and is being marketed by M/s Cadila as "Leprovac".

Lep Vax, a subunit vaccine (ML2055, ML2380 & ML-2028) with lipid adjuvant [Glucopyranosyl lipid adjuvant (GLA-SE) Th1 inducer], developed by Infectious Disease Research Institute (IDRI) at Seattle, USA, reduced *M. leprae* infection levels in mice. This vaccine protected mice from *M. leprae* foot pad growth, reduced post exposure nerve damage in armadillos. Motor nerve injuries were delayed even when treated three times at monthly intervals injections of Lep Vax. BCG on the other hand, precipitated the motor nerve conduction abnormalities. Lep Vax has been approved by FDA and is waiting for human trial.

BIODATA

Dr. Utpal Sengupta obtained his M.V.Sc (Path) degree from the Indian Veterinary Research Institute, Izatnagar in 1966. In 1973 he obtained PhD (Path) from the Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh. He was then working as lecturer in Pathology Department at PGIMER for 2 years. He went as a post doctoral Fellow with Commonwealth Tropical Medicine Research fellowship for 2 years to work under Dr. RJW Rees at the National Institute for Medical Research (NIMR), London, U.K. (1974-76). He then joined JALMA (ICMR) as Senior Research Officer for developing the Immunology Laboratory. He retired as Director of JALMA in 2001. From 2001-2006 he worked as Emeritus Scientist of ICMR at JALMA. In 2006 he worked as Laboratory Manager in a Gate Foundation Project to work on Long Distant Truck Drivers at the National Institute of Medical Statistics (ICMR), New Delhi for five years. In September, 2011 he joined as Consultant to the Stanley Browne Laboratory, The Leprosy Mission Trust India and is continuing in this position till date.

Recipient of multiple awards,

National Publication 19; International publication 128 (Including high impact journals)

Examiner of 20 universities and visiting professor in six colleges viz. GIPMERR, PGIMER, Jammu University etc.



Dr. Vivek Lal

Towards Zero Leprosy in India- Opportunities and Challenges

Vivek Lal

Director Health at German Leprosy and TB Relief Association (GLRA India)
Kolkata Area, India

Abstract

Leprosy is possibly the oldest infectious disease to have affected mankind and was linked to its specific causative agent, *Mycobacterium leprae* early as 1873. Despite this, leprosy still remains an enigma with persisting gaps in our understanding of its biology and epidemiology. The Global Leprosy Strategy 2016–2020 aims at accelerating action towards a leprosy-free world and is structured around three pillars: Strengthening government ownership, coordination and partnership; Stopping leprosy and its complications and Stopping discrimination and promoting inclusion. The global strategy fits within the WHO aim to provide universal health coverage with its focus on children, women and vulnerable populations. It will also contribute to reaching Sustainable Development Goal 3- reaching health and wellbeing for all by 2030.

Despite significant decline in prevalence of the disease, challenges posed by pockets of high endemicity in the country with ongoing transmission and many hidden cases in the community and high grade 2 disability (visible deformity) remain. The National Leprosy Eradication Programme (NLEP) has advocated a three-pronged approach of (a) "leprosy case detection campaign (LCDC)" in highly endemic districts; (b) focused leprosy awareness campaign in "Hot Spots," where new cases with Grade 2 Disability (G2D) are detected; and (c) area-specific plans for case detection in hard to reach areas. Leprosy Post Exposure Prophylaxis (LPEP) has been started with a sense of cautious optimism.

Essentially, efforts to eradicate leprosy will depend on the development of new diagnostic tools to detect leprosy infection including molecular techniques and vaccine development to allow immunoprophylaxis. Scientific breakthroughs are required in developing improved diagnostic methods, more effective ways to prevent the spread of infections, and new ways of treating people at greatest risk. Pending such scientific breakthroughs, focus on preventing visible deformities through timely case detection would be sine qua non. Our vision for a Leprosy free world: free from disability and ensuing stigma and discrimination remains elusive; unless urgent attention and support is provided. For a country with a more than 1.2 billion population and the highest burden due to leprosy, success would be determined by strengthened partnerships and complementary roles played by government, international organizations, local NGOs, communities and people affected by Leprosy.

BIODATA

I am a Post Graduate (MD) in Community Medicine from All India Institute of Medical Sciences, New Delhi and my professional competencies lie in Epidemiology, Research methodology and communicable diseases, neglected tropical disease in particular. I have more than ten years of experience in advocacy, planning, implementation, monitoring and evaluation of healthcare programs at field-level. During this period, I have worked closely with the Government of India and various State Governments, National and International organizations. I am a Certified Management Trainer and have provided human resource capacity building for healthcare professionals on technical and managerial issues. In addition, I have contributed to scientific learning through publications in peer-reviewed indexed journals and paper presentations in International and National Conferences.

Dr. Vivek Lal is currently working as Director Health, German Leprosy and TB Relief Association (GLRA-India). The organization has been working relentlessly for more than 50 years providing various medical and socio-economic services to persons affected with poverty-related diseases like leprosy, filariasis and tuberculosis.

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Seminar on “Operational Analysis of Leprosy Case Detection Campaign (LCDC) In Maharashtra State”

A one day Seminar on “Operational Analysis of Leprosy Case Detection Campaign (LCDC) In Maharashtra state” was organized jointly by Indian Association of Leprologists (IAL), Office of Joint Director of Health Services (Leprosy and TB), Govt. of Maharashtra in collaboration with Bombay Leprosy Project (BLP), Mumbai.

The seminar was held on 20th April 2018 at Office of Joint Director of Health Services, Govt of Maharashtra at Parivartan Sabhagraha, Arogya Bhavan, Vishrant Wadi, Pune.

Main Objectives of the seminar were **a)** to discuss and analyze the trends, experiences and difficulties in Leprosy Case Detection Campaign in Maharashtra **b)** to deliberate on operational issues and recent advances and **c)** to prepare a blue print of recommendations and guide lines with a view to strengthen the leprosy elimination programme in the State.

Seminar was attended by Senior IAL Members and District ADHS (Leprosy) from various districts including Joint Directors of Health Services, Medical Officers and Supervisors. Total of 91 delegates from all over Maharashtra participated in the Seminar.

Dr V Rokade, ADHS (Leprosy) Pune, the main architect of the meeting on well coming all the delegates including Senior members of IAL, Assistant Directors of Health Services from different districts of Maharashtra, Medical Officers and other participants, elaborated on the importance of this IAL and NLEP joint meeting. He stated that it is a unique opportunity for NLEP Programme Managers to utilize the expertise and exchange views with eminent members of IAL present, with longstanding experience in the field of leprosy. All the Guest Speakers of the programme were also welcomed with flowers and a souvenir.

Dr VV Pai, Director Bombay Leprosy Project and Vice President of IAL gave a brief History of IAL. He further stated that IAL is a Professional body of experienced and dedicated Leprologists from all over India. IAL members are involved in treatment, management of leprosy patients most importantly reaction and neuritis and as well into basic and applied research in various aspects. Other activities of IAL include training of medical and health professionals in leprosy through seminars, workshops, CMEs, Conferences and meetings.

The fact that Maharashtra is 3rd highest State as far as new case detection rate is concerned, emphasizes the need for close collaboration between various governmental, nongovernmental and private players towards resolving the issues related to early detection, effective treatment and management of patients. On behalf of IAL, he assured all round support of IAL members to the NLEP.

The 1st scientific session was on “Diagnosis and treatment of leprosy in the current scenario” was chaired by Dr V.V Dongre, an eminent Leprologist and Past Hon. Secretary of IAL.

First presentation was on “Applications of laboratory investigations in leprosy diagnosis” by Dr (Mrs.) VP Shetty, Sr. Scientist at the Foundation for Medical Research, Worli Mumbai and she is also the Central Council Member of IAL.

In her presentation she emphasized on the importance of early and accurate diagnosis of leprosy for which slit skin smear and histopathology are the two most important and indispensable tests. She also elaborated on the need for Nerve biopsy confirmation of leprosy in cases presenting with only neurological manifestations (Pure neural leprosy), which forms around 10%-15% of total new cases in India.

Second presentation by Dr M.D Gupte, Epidemiological Consultant, ICMR and Past President of IAL – on “Shorter regimes for treatment of leprosy” gave an update on ongoing Uniform - MDT (U-MDT) trials.

Primary outcomes of this ongoing trial were 1) better compliance 2) lower relapse rate 3) use of clofazimine was well accepted by PB patients.

He further emphasized that public health goals, research and action should go hand in hand.

Third presentation was by Dr Kiran Katoch, Former Director, JALMA Agra and Past President of IAL

Dr Kiran Katoch presented 1) findings of the National Sample Survey (2012-2013) conducted by ICMR and 2) Role of

Immunotherapy and Immunomodulation in leprosy. Dr Katoch further highlighted on the findings using MIP vaccine as an Immunomodulator and also mentioned about the ongoing trial using MIP vaccine as an immuno prophylactic agent among contacts of leprosy in parts of Gujarat and Bihar.

Fourth presentation was by Dr VV Pai on "Challenges in differentiation of reactions and nerve damage in leprosy and its management".

He talked about his vast experience in treating Type 2 Lepra Reactions using Thalidomide and type 1 reaction with Clofazimine along with steroids at BLP, a prime Referral Centre in the eastern suburbs of Mumbai. He also cautioned that careful long term monitoring is a must to prevent further disability and to improve the quality of life of patients.

The post lunch session was on "The findings of LCDC in Maharashtra State" which was chaired by Dr Kiran Katoch and Dr Rajure, ADHS (Leprosy) Pune.

Dr Babulgaonkar, ADHS, Thane district, Dr Khandare, ADHS, Palghar district, Dr Pande, ADHS, Chandrapur district and Dr Paradkar, ADHS from Gondia district presented the outcome of the LCDC conducted in their respective districts.

It was further highlighted that LCDC has increased the case detection rate by about 20% to 30% indicating the effectiveness as well as prevailing high incidence of hidden cases in the areas covered.

Following the second Scientific session there was open discussion and question and answer session where the participants took active interest in getting their doubts cleared.

Dr. VV Dongre while summing up the session requested to be patient with the patients.

Dr (Mrs) Mrudula Save, Hon Secretary of IAL proposed the Vote of Thanks. While thanking Dr V V Pai and Dr V Rokade for Organizing the Seminar, all the Guest Speakers, Chair persons and the participants for making it a grand success. She further stated that leprosy free world and India is every ones dream and working together will make it a reality.

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NATIONAL LEPROSY ERADICATION PROGRAMME conducted by GRECALTES

Activities:

2015-16

Community Survey - 6558
Contact Survey - 1793
School Survey - 2984
Case Diagnosed – 50 (MB-12, PB-38)
No. Of Patients Self Care done - 229 (New + with Repeated Patients & Existing Patients)
No. Of Patients Physiotherapy done – 87 (with existing patients)
Ulcer Management – 57 (with existing patients)
MCR Provided – 29 (with existing patients)
RFT Declared – 32 (MB-6, PB-26)
Socio Economic Rehabilitation – 4

2016-17

Contact Survey – 5445 (25 families of 43 patients)
Case Diagnosed – 06 (MB-02, PB-04)
No. of Patients provided Self Care – 84
No. of Patients provided Physiotherapy – 82
Ulcer Management – 33 (with existing patients)
MCR Provided – 05 (with existing patients)
RFT – 24 (MB-8, PB-16)
Socio Economic Rehabilitation provided – 3
Technical Support and Data management in 2 Medical College and Hospital and 2 State General Hospital in Kolkata.

2017-18

Contact Survey - 3627(25 families of 32 patients) refd. By Swasthya Bhavan, Govt. of West Bengal.
Case Diagnosed – 01 (PB-01)
No. Of Patients provided Self Care - 59 No. Of Patients Physiotherapy done – 27 (with existing patients)
Ulcer Management – 18 (with existing patients) MCR Provided – 03 (with existing patients)
RFT – 01 (PB-01) Socio Economic Rehabilitation – 1
Technical Support and Data management in 2 Medical College Hospital and school of Tropical Medicine, Kolkata.

The Leprosy Mission Trust India

Premananda Memorial Leprosy Hospital, Kolkata

The Hospital started in the year 1986 ,offers Tertiary level care for People affected by Leprosy; Has the following services.

- Treatment of Leprosy
- Management of Reaction/ Neuritis
- Diagnosis and Management of Relapse
- Ulcer care
- Reconstructive and Rehabilitative surgeries
- Eye care
- Laboratory – Skin smear for AFB
- Physiotherapy & Occupational therapy services
- Micro cellular rubber footwear
- Orthosis and Prosthesis
- In patient care – 20 beds

Apart from Leprosy services, we also have

Secondary level Ophthalmic services with dedicated Eye operation theatre

Dermatology services

Supportive services for Diabetic complications.

Rules and Regulations regarding Membership of Indian Association of Leprologists

1. **Membership :** The Association shall consist of foundation Member whose names are on the Register of member of the Association at the time when these regulation come into operation and of subsequent members who shall be those person, who being eligible, shall after the date of organisation of the Association be duly elected in such manner and upon such condition as may be prescribed from time to time by the rules and bye-laws.
2. **Register of Member :** a register of all the members of the Association shall be maintained by the Honorary Secretary at the office in which the names, qualifications and address of all members shall be entered.
3. **Eligibility of Members :** (a) **Ordinary Member :** Medical practitioners possessing qualifications registerable under the Indian Medical Council Act of 1956, vide First, second and third schedule of the Indian Medical Council Act, 1956 and who are engaged or interested in Leprosy work, are eligible for Ordinary Membership of the Association.
Anybody possessing a master degree in science of a recognized institute or university and five years or more of active involvement in leprosy or anybody with a doctorate degree in science who has done research work in leprosy for 3 years or more will be eligible for Ordinary Membership of the Indian Association of Leprologists.
(b) **Associate Member :** Medical practitioners possessing qualifications registerable with any of the State Medical Council Faculty or Board in India, and engaged in leprosy work for a period of not less than 2 years, may be elected Associate Member of the Association on the recommendation of the Managing Meeting of the Association (Central Council).
Member of the Faculty of basic Science other than Medical and Clinical Subject who are engaged in full time leprosy work shall also be eligible if they possess post-graduate university degree.
(c) **Life Member :** Member eligible for Ordinary or Associate Membership may become life member on payment of a lump sum in lieu of yearly subscription.
(d) **Honorary Member :** Medical Person who have rendered conspicuous service to the Association or have contribute to the advancement of knowledge in leprosy may be elected Honorary Members. They will be considered as Life Members.
(e) **Medical practitioner of neighbouring countries** like Pakistan, Burma, Malaya, China, Indonesia, Japan and Philippines etc. Who are registered in Medical Council equivalent to that of Indian Medical Council and engaged or interested in leprosy work may become Ordinary or Associate Members on approval.,
4. **Election and Enrollment of Member :**
(a) **Ordinary Member, Associate Member and Life Member**
Anyone desiring to become a member and possessing necessary qualification as stated under rule 4 above, shall apply in the prescribed form to the Secretary of the Association. On receipt of an application, the Secretary-should scrutinize the name and qualifications, and place it before the Central Council, if necessary by circulation for acceptance or otherwise. No reason shall be given to the applicant for refusal and the matter shall be kept strictly confidential.
(b) **Honorary Member :** Shall be proposed by at least 12 Member of the Association or five member of the candidates for honour shall be set forth by the proposers. The election shall taken place at a meeting of the central council, voting being done by ballot. No discussion shall be permitted on the merits of the person proposed. The person shall be considered elected, if two-third of the members present vote in his or her favour, When a meeting of the Central Council is not feasible, the members may be elected by a circulating proposition with the unanimous approval of the Central Council, such members shall continue as Honorary Member for life.
(c) **Branch Members :** Any eligible person desirous of joining a Branch of the Association shall apply to the Secretary of the nearest branch in the prescribed form duly Proposed and Seconded by two ordinary Member of the Association. In Case a member is elected through a branch, the branch shall inform the Central Council together with the prescribed contribution.
5. **Subscribers. :** (a) **Life Member :** Shall pay Rs. 2000.00 in one lump-sum. Associate Life Members shall pay Rs. 1500.00 in one lump sum. Foreign Life Members shall Pay 100 dollar or equivalent in one lump-sum.
(b) **Ordinary Members :** Shall Pay Rs. 200.00 per annum (c) **Associate Members :** shall pay Rs. 150.00 per annum
(d) **Honorary Members :** shall not pay any Subscription The Life Membership Subscription will be payable in favour of "Indian Association of Leprologists" on the following details
Name of the A/C : INDIAN ASSOCIATION OF LEPROLOGISTS, Type of A/C: SAVINGS, A/C No : 30545869466 , CIF No:85361146708, IFSC :SBIN0008745, Name of the Bank: STATE BANK OF INDIA, Name of the Branch : Tamluk Railway Station, Bank Address : Salgechia, Tamluk, Purva Medinipore, West Bengal, PIN : 721636, Tel : 03228 266297, Email : sbi.08745@sbi.co.in, BRANCH Code No: 8745
6. **The Financial Year :** The Financial of the Association shall be from 1st April to March of the following year The branches shall conform to this Rules.
7. **Payment of Subscriptions :** (a) **Membership fees** for a year shall be paid in advance before the end of march of the proceeding year.
(b) **Those Whose subscription remain in arrears** for more than three months in spite of a notice, shall be deprived of their right to vote and to have the Journal "Indian Journal of Leprosy". If a Member is in arrears for 6 months or more and dose not reply even after three notices for Subscriptions, his Membership shall cease automatically.
If there is an interruption in the payment of subscription by any members and if they want to continue their membership they should pay up the arrears of subscription for the whole period, irrespective of the duration of interruption. They are not eligible for fresh membership once again.
(c) **A member may, at any time, retire from the Association** by sending his resignation in writing to the Managing Committee (Central Council) of the branch after payment of all subscription (if any) due from including that for the current year.
(d) **Subscription from Branches :** Branches when formed, should collect their own subscription, the Central organisation will continue to receive their subscription from the member as before.

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The cradle of
THE INDIAN ASSOCIATION OF LEPROLOGISTS