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Twenty Two Years of Acwerk

It began when fifty five school (hildren at Mettur were diagnosed with 'Hansen's' (Leprosy), and their charts handed to me by the Deputy Director of Health Services in December of 1998. There is a very thin line between rural and urban when infection spreads, especially in an industrial location such as Mettur where 45,000 people lived and were surrounded by 64 villages with a population of around 3, 50,000. The incidence of the infection very alarming and tipping over in a population of 10,000.

In 2004 we controlled the incidence to 8 per 10,000 population. A combination of fielder clinics and school screening enabled us to achieve this control. A residential building became our health centre where people could approach for medical consultation and treatrnent. We dose the location to bring the Leprosy disabled to mainstream. A coordinated effort of ten field health workers and health centre staff constituting a Lab Technician, Physiotherapist, Pharmaäst, guided by a Doctor surveyed, screened, diagnosed, treated, and followed-up on an average 300 patients a day.

A selection of a village made on the case finding registered at the health centre where be patients voluntarily report to reveal pale skin patches that is not responsive to touch, or pain around big joints involving nerves that were thickened and tender, or with visible disability of hands, feet, eyes, and face. By 7am we were parked at the village and people witi signs of the infection examined, skin smear and blood sample obtained, diagnosed, treatment with medicines for 15 days issued, and their travel and food expenses offered to review at heath centre fortnightly. Others were with skin; paediatric, Tuberculosis, and old age complaints, also treated and reviewed.

Government School and Private School urban and rural children between the ages of 6 to 12 years were screened and treated regularly till they were free of the problem. It is early signs; surface nerves on the forehead are the only finding in some children, cured in less than six months. A single patch on the skin with altered touch sensation, wasting of small muscles of hand or feet, evolving motor involvement, were expressions of the infection commonly seen in children. Very rarely surgical intervention required to correct disability of hand. They were educated and informed about the various aspects of the skin and motor involvement, general hygiene, diet, and relevant exercises. Preventive measures were taken to ensure care of hands and feet, they were provided with specific footwear and regular physiotherapy.