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Case Report

Shattered bonds: social isolation and vocational rehabilitation failure in a leprosy survivor from Andhra Pradesh

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ABSTRACT

Leprosy, a chronic infection even though clinically treatable with multidrug therapy (MDT), continues to take a heavy toll on affected individuals - not only through physical disability but also through persistent social stigma and isolation. This case report details a 40-year-old male from Andhra Pradesh, whose journey with leprosy has been marked by progressive neurological impairment, multiple surgical interventions, and socioeconomic consequences. Despite receiving clinical and surgical care, the pervasive stigma attached to his condition has led to the loss of livelihood and the breakdown of family ties, leading to social isolation. This case report underscores the need for integrated community-based public health strategies that can address both medical and sociocultural dimensions of leprosy.

Keywords: Leprosy, Social stigma, Social isolation, Community based rehabilitation

INTRODUCTION

Leprosy, commonly referred to as Hansen's disease, is a chronic infection which mostly affects the skin, peripheral nerves, mucous membranes and eyes.[1] Although the multidrug therapy (MDT) has significantly decreased the number of new cases and the total burden of the disease, its clinical effectiveness stands in stark contrast to the ongoing social and economic issues that still exist.[2] Long standing misunderstandings regarding the disease's contagiousness are still driven by visible deformities and permanent nerve damage, which are frequently the consequence of delayed diagnosis. These false beliefs perpetuate long-standing discrimination and stigma, which can postpone obtaining assistance and make reintegration into society more difficult.[3]

Despite achieving the World Health Organization's elimination target of less than one case per 10,000 populations at the national level in 2005, India still accounts for 54% of new leprosy cases annually.[4,5] The persistence of leprosy in India is closely linked to various social determinants. Studies have demonstrated a strong relationship between leprosy and social determinants of health, such as stigma, poverty and low educational levels.[6] These factors contribute to the disease transmission and hinder efforts towards its eradication.

Leprosy survivors still experience social isolation, loss of employment and disruption of family life particularly in parts of South Asia where the disease is endemic to these regions. Even after successful treatment, the psychological impact of leprosy- such as diminished self-esteem and community exclusion hinders vocational rehabilitation and social reintegration.[2,7] These challenges are compounded by factors such as low awareness, inadequate training among healthcare professionals, and the stigma associated with the disease.[2,8] To address these problems, modern strategies of leprosy control requires comprehensive public health strategies that combine early diagnosis and effective clinical treatment with robust community education, stigma reduction initiatives, and socioeconomic rehabilitation programs.[3]

By addressing both the medical and social dimensions of leprosy, health systems can not only prevent the physical disabilities associated with the disease but also work toward restoring the dignity, social participation, and economic independence of those affected.

CASE REPORT

Mr. Ravi (name changed) is a 41-year-old male born into a modest family in the Kadapa district of Andhra Pradesh. Up until the age of 15 years, he led a simple life in a rural area, which later took a drastic change. He noticed a faint, hypo pigmented patch on his right thigh which was a seemingly innocuous mark, assumed to be a minor dermatological issue, the patch was treated with topical remedies at local healthcare facilities. The single lesions evolved into multiple lesions along with time, covering his lower back and buttocks.

Ravi's physical well-being started to erode subtly. At the age of 28, while still employed in a garment shop, a job that had once provided him with dignity and financial security, he experienced sudden weakness in his hands. This impairment made simple tasks such as buttoning his shirt increasingly difficult. Observing this difficulty Ravi's friend encouraged him to seek special health care.

At RIMS hospital in Tirupati, a slit skin smear confirmed the diagnosis of leprosy, and MDT was initiated promptly. Unfortunately, a combination of low awareness and the absence of immediate symptomatic relief led him to abandon the treatment within a month. This non-adherence to treatment led to worsening of the condition leading to claw hand.

Determined to reclaim his health, Ravi resumed treatment in 2010 under Government supervision and underwent decompression surgery in 2011 at DAMIAN Hospital. His physical symptoms of leprosy were well addressed, but the social repercussions began to take an overwhelming toll. In 2014, despite his ongoing struggle with the disease, he was dismissed from his occupation due to unfounded fear of contagion by his employers. This not only affected his livelihood but also marked the beginning of a prolonged period of social isolation.

In the beginning of 2015, Ravi found himself drifting between various rehabilitation centers and charity homes, including Mission of Charity and Mother Teresa Home. Once he returned to his hometown, he was forced to reside in a factory-attached dormitory, with no familial support. His family ties had been severed by time and tragedy, as his parents had passed away, his elder brother and sister were not ready to accept him into their family. The physical scars of leprosy are evident in every facet of Ravi's appearance. His hand, marked by muscle wasting and claw deformities, testify to the nerve damage inflicted by the disease. Chronic ulcers had marred his feet – one digit having been amputated after repeated treatments failed to heal the lesions. Exacerbating these challenges is a severe nutritional deficit: his daily caloric and protein intake falls far short of his body's requirement, hindering both recovery and overall health.

Ravi's case illustrates that leprosy is not simply a medical condition that requires only curative interventions, but a chronic illness whose social dimensions such as stigma, discrimination, isolation and economic disruptions, can profoundly affect every aspect of an individual's life. Although the MDT has controlled the infection, social repercussions can continue unabated, often undermining treatment adherence, psychological well-being, and prospects for reintegration into society.

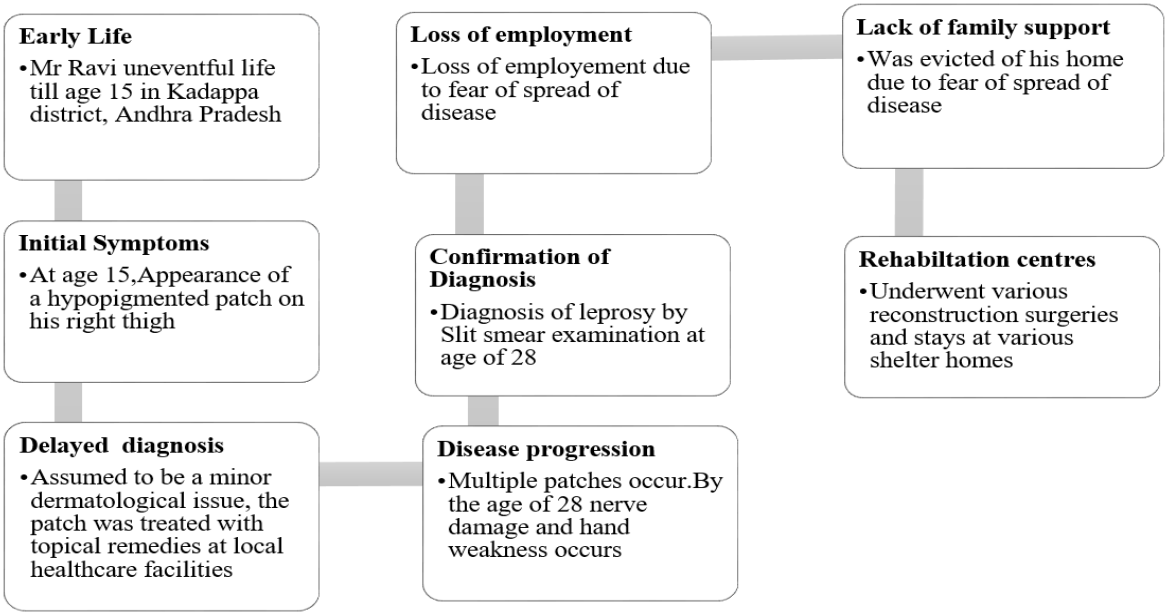

Figure 1: Events in the life of leprosy survivor.

DISCUSSION

Delayed diagnosis and physical disfigurement

In the early stages, incomplete assessment and treatment of a seemingly minor hypopigmented patch delayed the final diagnosis allowing the disease to progress which led to nerve damage and disfigurement (muscle wasting, claw hand deformity, chronic ulcers). Delay in the diagnosis not only increase the risk of permanent disability but also intensify the visual signs that trigger social rejection and self-stigma.[1,9,10] When a person's physical appearance becomes emblematic of his/her disease, communities that harbour misconceptions about its contagiousness are more likely to isolate that individual.[11,12]

Impact on employment and social integration

Ravi's dismissal from his occupation exemplifies the harsh economic consequences of leprosy-related-stigma. Loss of job is not merely a financial setback; it also undermines the individual's self-worth and further isolation from society. Studies have documented that even after the bacterium is controlled by MDT, the social stigma often results in exclusion from work and community. The breakdown of family support networks, as seen in Ravi's case, is another common consequence that exacerbates the psychological toll of the disease.

Psychosocial and economic burden

The interplay of physical disability and social exclusion can lead to significant mental health challenges, including depression and anxiety.[7,15,16] Ravi's forced migration between rehabilitation centres and charity homes, combined with ongoing nutritional deficits, paints a picture of a cycle where social stigma fuels economic hardship, which in turn impedes physical symptoms, making integrated care that addresses both aspects essential.[17,18] For many affected individuals, comprehensive rehabilitation must include mental health support, community education and economic empowerment initiatives.

Need for integrated interventions

Mr. Ravi's report underscores the urgent need for public health strategies that address the multifaceted impact of leprosy. It is clear that effective leprosy control requires: 1) community education to correct the misconceptions about the disease transmission and to emphasize that the disease is curable, 2) programs to reduce stigma that can help transform discriminatory attitudes and support the social reintegration of those affected, 3) socioeconomic rehabilitation focussed on vocational training and financial support are crucial for helping affected individuals regain their economic independence and rebuild their lives.

By a combination of early diagnosis and prompt treatment, integrated with social interventions, health systems can more effectively restore the dignity and quality of life of individuals.

CONCLUSION

This case report on Mr Ravi's suffering highlights the dual-font battle against leprosy: the clinical fight against the disease and the daunting struggle against social consequences. While modern medicine has rendered leprosy as a curable condition, the enduring stigma continue to deny survivors the dignity of social re-integration and economic independence. By addressing the deep-seated social prejudices, we can mend the shattered bonds left in the wake of leprosy.

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REFERENCES

1. Leprosy, 2025. Available from: https://www.who.int/news-room/fact-sheets/detail/leprosy. Accessed 14 February 2025.
2. Sardana K, Khurana A. Leprosy stigma & the relevance of emergent therapeutic options. Indian J Med Res. 2020;151(1):1–5.
3. Experiences of living with leprosy: A systematic review and qualitative evidence synthesis | PLOS Neglected Tropical Diseases, 2025. Available from: https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0010761. Accessed 14 February 2025.
4. Global leprosy (Hansen disease) update, 2023: Elimination of leprosy disease is possible – Time to act! Available from: https://www.who.int/publications/i/item/who-wer9937-501-521. Accessed 15 February 2025.
5. Update on Leprosy cases in the country, 2025. Available from: https://pib.gov.in/pib.gov.in/Pressreleaseshare.aspx?PRID=1909081. Accessed 15 February 2025.
6. Heidinger M, Simonnet E, Karippadathu SrF, Puchinger M, Pfeifer J, Grisold A. Analysis of Social Determinants of Health and Disability Scores in Leprosy-Affected Persons in Salem, Tamil Nadu, India. Int J Environ Res Public Health. 2018;15(12):2769.
7. Abo Kersh AA, Abd Khalik GM, El-Esawy FM, Abd El- Sattar EM. Quality of Life, Mental Health, and Perceived Stigma among Leprosy Patients. Benha Journal of Applied Sciences, 2024. Available from: https://bjas.journals.ekb.eg/article_366411.html. Accessed 15 February 2025.
8. Nery JS, Ramond A, Pescarini JM, Alves A, Strina A, Ichihara MY, et al. Socioeconomic determinants of leprosy new case detection in the 100 Million Brazilian Cohort: a population-based linkage study. Lancet Glob Health. 2019;7(9):e1226–36.
9. van Brakel WH, Sihombing B, Djarir H, Beise K, Kusumawardhani L, Yulihane R, et al. Disability in

people affected by leprosy: the role of impairment, activity, social participation, stigma and discrimination. Global Health Action. 2012;5(1):18394.
10. Sinha S, Haq MA, Ahmad R, Banik S, Kumar S, Haque M, et al. Unmasking the Hidden Burden: A Delayed Diagnosis of Leprosy Patients With Grade 2 Disability and Its Effects on the Healthcare System in Bangladesh. Cureus. 2024;16:249-57.
11. Santos GMC dos, Byrne RL, Cubas-Atienzar AI, Santos VS. Factors associated with delayed diagnosis of leprosy in an endemic area in Northeastern Brazil: a cross-sectional study, 2025. Available from: https://www.scielo.br/j/csp/a/DLJnznBZmLhHhnSm5wshygw/?lang=en. Accessed 15 February 2025.
12. Diagnosis of leprosy is delayed in the United Kingdom | QJM: An International Journal of Medicine | Oxford Academic, 2025. Available from: https://academic.oup.com/qjmed/article/94/4/207/1569211?login=true. Accessed 15 February 2025.
13. Durga A, Kusuma AK. A Cross sectional study on Quality of Life among Leprosy affected persons in Hyderabad. Indian Journal of Public Health Research & Development. 2024;15(4):30–4.
14. Perceived stigma of leprosy among community members and health care providers in Lalitpur district of Nepal: A qualitative study, 2025. Available from: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0209676. Accessed 15 February 2025.
15. Understanding the burden of poor mental health and wellbeing among persons affected by leprosy or Buruli ulcer in Nigeria: A community based cross-sectional study, 2025. Available from: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0304786. Accessed 15 February 2025.
16. Sharma P, Shakya R, Singh S, Bhandari AR, Shakya R, Amatya A, et al. Prevalence of Anxiety and Depression among People Living: Indian Journal of Dermatology, 2025. Available from: https://journals.lww.com/ijd/fulltext/2022/67060/prevalence_of_anxiety_and_depression_among_people.11.aspx. Accessed 15 February 2025.
17. Xiong M, Li M, Zheng D, Wang X, Su T, Chen Y, et al. Evaluation of the economic burden of leprosy among migrant and resident patients in Guangdong Province, China. BMC Infectious Diseases. 2017;17(1):760.
18. Dalaba MA, Manyeh AK, Immurana M, Ayanore MA, Agorinya I, Akazili J, et al. The economic burden of leprosy treatment to households in Ghana: A cross-sectional study in the Volta Region of Ghana. SAGE Open Medicine. 2024;12:20503121241281424.

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