

## **Leprosy—the Moslem attitude**

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*Summary* Some of the Islamic principles and teachings regarding health and diseases and specific attitudes towards leprosy patients are outlined. The underlying aetiology for the beliefs prevailing in the Moslem communities is discussed and the need for giving due consideration to the social aspects in the control programmes is stressed.

### **Introduction**

Leprosy is a disease well known for the strong stigma associated with it.<sup>1-3</sup> In spite of all the scientific information available today about leprosy, the fear and prejudices regarding leprosy and the leprosy patient remain ingrained and persistent. In many societies leprosy is associated with the idea of guilt, rejection and isolation.<sup>4,5</sup> These concepts were no doubt influenced by religious beliefs and local traditions, as well as by the medical pathology of the disease which gives leprosy its identity.<sup>6</sup>

It is known that disease control activities are not likely to be effectively carried out without understanding the values and beliefs of the communities affected.<sup>7</sup> This is particularly important in leprosy and it is lamentable that in most control programmes these important social and psychological aspects of the disease are overlooked and emphasis laid only on early detection and treatment. Failure to appreciate the importance of the social and psychological factors has resulted in the failure of otherwise well conceived control programmes.<sup>8</sup>

There is no reliable information about the Moslem view of leprosy patients. The beliefs, attitudes and practices prevailing in most of the Moslem countries thought to have religious origin in fact do not but are an outcome of complex indigenous traditional beliefs. Most of these beliefs antedate Islam and are thus unrelated to the proper Islamic teachings.

In the following pages an attempt is made to give the Moslem views about health and diseases in general and the specific attitude towards leprosy and the leprosy patient. These are mainly derived from findings in the Holy Qura'an and the Prophet's 'Hadiths' (sayings) and the historical perspective. This information is hoped to be of help to leprosy patients, their communities and leprosy workers.

### **Leprosy in pre-Islamic Arabia**

The Arabic word for leprosy 'Judham' is derived from the word Jadham which literally means cutting,<sup>9</sup> and denotes the outcome of the disease. The leprosy patient is called 'Mujdhum'. The word has the same origin and could be used to describe objects which are cut. The word was used in Arabic poetry before Islam.<sup>10</sup> There is no similar linguistic confusion as with the word lepra in the New Testament which was wrongly translated from the Hebrew word 'Tsara'ath' mentioned in the Old Testament.<sup>6,11,12</sup>

It is obvious from the use of the word that leprosy as characterized by its clinical complication was known in pre-Islamic Arabia. As the name for leprosy 'Judham' is more related to its medical and pathological complications, the reaction to the disease is more likely to be mainly to its physical effects. It is possible that there was then a stigma associated with this disease that mutilates though there is little information recorded.

### **The Moslem's concept of health and disease**

It is of prime importance to mention some of the religious principles that influence the Moslem's attitude towards health and disease. In principle a Moslem accepts the concept of cause and effect as far as diseases are concerned. However irrespective of causes, to the Moslem, all events including diseases are caused by the will of God irrespective of causes.<sup>13</sup>

The second principle, which follows from the Prophet's Sayings, is that there is a cure for every disease; except for the inevitable ageing and death.<sup>14</sup> That the specific remedy for the disease is not known does not exclude the possibility of its discovery. In practice several medicines were used for the treatment of different diseases. Important among these is bee's honey which was mentioned as a cure in the Holy Qura'an.<sup>15</sup> With this understanding the Moslem is obliged to seek treatment wherever and whenever possible.<sup>14</sup> The deeply-rooted and long-held misunderstanding that leprosy is incurable is actually foreign to the Islamic beliefs, concepts and teachings about health and disease.

Thirdly, diseases are not considered as punishment by God for sins or wrong-doings as it is held in some communities.<sup>5,6,10</sup> However, the Prophet said that some diseases may be remitted in absolution of some sins (the concepts of Kaffarah). It is the duty of a Moslem to visit and console the ill and be merciful to them.<sup>14</sup>

The fourth principle, is that all necessary precautions should be taken to prevent transmission of infection from the diseased to the healthy.<sup>13</sup> Within this context plague was considered as infectious and the Prophet explained that if it appears in a certain area people should not go to it and people within the affected area should not leave it.<sup>15,16</sup>

History tells us that outbreaks of plague which appeared during the early Moslem era were treated accordingly.<sup>13</sup>

### **Leprosy in the Qura'an and the Hadiths**

Leprosy was not mentioned in the Holy Qura'an. The disease mentioned in the Qura'an<sup>17</sup> and which was cured by Jesus was *Vetiligo*, the Arabic word for which is 'Baras' and not leprosy as wrongly translated by Gills.<sup>18</sup>

There are several 'Hadiths' by the Prophet Mohamed about leprosy. However, some of these 'Hadiths' are not authentic according to the lines of study of the 'Hadiths' and are not discussed here. There are three 'Hadiths' mentioned in more than one of the main books of 'Hadiths' and which are considered as reliable. In one 'Hadith' the Prophet was quoted to have said: '... Escape from the leper as you escape from the lion'.<sup>14</sup> In another 'Hadith' it is said that a leprosy patient who was coming to the Mosque to swear his fealty to the Prophet was asked by the Prophet to stay away and the Prophet told him that his allegiance was accepted.<sup>13</sup> In the third 'Hadith' it is said that the Prophet asked a leprosy patient to eat with him and he actually took the patient's hand and put it in the dish.<sup>14,19</sup> In the first two 'Hadiths' emphasis was laid on the precautionary measures to be taken to prevent the spread of the disease to the individual and to the community. In the third 'Hadith' the Prophet is stressing the principle of full belief and confidence in God's will.

The Arabic name (*Judham*) has no ritualistic connotation and does not carry the sense of defilement or uncleanness as associated with the Hebrew word 'Tsara'ath'.<sup>6</sup> The behaviour of the Moslem community at the time of the Prophet and the attitudes towards the leprosy patient are well illustrated by the Prophet's wife's behaviour. *Asha* (The Prophet's Wife) mentioned that they used to have a servant who was a leprosy patient and who lived and ate with them.<sup>14</sup> This shows the attitude of the most religious community during the early days of Islam.

### **Discussion**

Leprosy is unique in its medical characteristics and this is reflected in the community's attitudes towards the leprosy patient. The foul smelling chronic ulcers, deformities and crippling that may follow from untreated disease lead to the repulsive response and the expulsion of the leprosy patient. It is believed that the strong stigma associated with leprosy is partly due to a religious fear, in addition to the primitive and irrational fear which results from the physical effect of the disease.<sup>20</sup> The social reaction of most communities is largely derived from a wrongly perceived picture of a contagious, incurable disease which progresses and eventually results in deformities and mutilation. This casts doubt on the

contention that social reaction to leprosy is the result of biblical teachings, including possible mistranslations.<sup>21</sup>

Apart from the physical deformities of leprosy, the disintegration of human dignity and the distortion of the patient's personality also results.<sup>4</sup> This is mainly the consequence of a complex of attitudes and behaviour by the community towards the leprosy patient and the patient's reaction towards these behaviours. Most of the wrong beliefs and practices noted in some of the Moslem communities regarding leprosy have no religious justification. There is no religious basis for the prevailing concepts of leprosy being a retribution for some moral sin committed. Moreover according to the Islamic teaching it is part of a Moslem's responsibilities to console the ill and to help them whenever possible.<sup>14</sup> In actual fact in most Moslem communities a medieval type of persecution is still practised. The leprosy patient is not accepted as a member of the community and even his family tend to isolate him.

Leprosy is no doubt one of the most trying diseases that man has to endure. Besides the medical treatment, the leprosy patient needs moral support and reassurance so that he can gain self-confidence and self-respect. In this context medicine has a duty that should extend beyond its avowed responsibility of preventing and curing diseases. It is one of the duties of the health worker to alleviate the anxiety of the leprosy patient and to give him all possible moral support. The grievous effect of the disease could be greatly tempered by sympathy and kindness. To show this responsibility successfully it is necessary for the health worker to have a clear understanding of the religious beliefs and practices prevailing in the community in which he is working. This understanding will help him to appreciate the rationale behind both the patient's and the communities' behaviour, and would facilitate communication. The change in attitudes could be partly attained through the provision of correct religious information as well as appropriate scientific information. This necessitates the collaboration of the health authorities, the religious elites and the communities' political leaders.

In conclusion more attention needs to be paid to the long neglected and underrated effect of the social and cultural factors which determine the success and failure of leprosy control programmes. Leprosy as a public health problem has medical as well as far reaching social, psychological and economic ramifications. To disentangle this multitude of problems and solve them there is a need for a multidisciplinary approach involving the medical, social and religious professions.

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