INVOLVEMENT OF NON-ALLOPATHY MEDICAL COLLEGES IN CASE DETECTION

Editor,

A questionnaire analysis¹ of medical competitive examination held by us in allopathy and non-allopathy

184 Letters to the Editor

medical colleges in Mumbai indicates that teaching of leprosy is grossly inadequate in all colleges, reference books on leprosy are not available in college libraries and proper information about national leprosy programme explaining the existing leprosy status in the country is not available to the students. Though improvement in the standard of teaching of leprosy in medical colleges is a high priority in India against the background of the WHO target of leprosy elimination in 2000 AD, no systematic efforts are being made in this direction at the national level. A few sporadic efforts in this context have been documented by some voluntary organizations.

Hind Kusht Nivaran Sangh-Maharashtra Branch attempted to involve non-allopathy medical colleges in Maharashtra in leprosy work. Leprosy teaching in such colleges is virtually negligible or not up to acceptable standards. Medical graduates passing out from these medical colleges generally set up their private medical practice at the grass roots level, catering to low socio-economic groups, among which the possibility of detection of leprosy cases is relatively greater.

In Maharashtra, there are 37 ayurvedic, 37 homeopathic and five unani medical colleges where approximately 4000 new admissions take place every year. In 1992, collaboration with these medical colleges by organizing teaching sessions on leprosy to medical students was initiated. The teaching was 'task oriented', giving greater emphasis on diagnosis, treatment of leprosy with special reference to elimination strategies and practical clinical demonstrations of leprosy patients. In the initial stages, teachers were leprosy experts and dermatologists practising in local situations. Subsequently, training in leprosy for teachers in non-allopathic medicine colleges has been completed and adequate teaching material has also been provided to them. This has helped to maintain the continuity of teaching of leprosy in those colleges which were willing to cooperate. As such, 39 medical colleges have been covered during the last 5 years and almost 1200 students have received the benefit of leprosy teaching every year.

Follow-up of these students was maintained by correspondence. These young, enthusiastic medical personnel were kept in touch with the subject by the provision of literature on recent developments in leprosy. A questionnaire study revealed that graduate students who succeeded in obtaining jobs, as well as those who started private practice, detected 351 new leprosy cases during the last 5 years. Help with diagnosis and treatment has been provided for all cases by trained staff belonging to the government and non-government sectors. This experiment indicates that involvement of non-allopathy medicine colleges is a fruitful method for case detection in India.

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Reference

¹ Naik SS, Ganapati R. Analysis of competitive examination in leprosy for medical undergraduates in Bombay over 22 years. *Lepr Rev*, 1994; 65: 396–406.