

Mission Outreach in Nepal ... Hitting 2019 with Enthusiasm, Impact & Oooomph!

Seeking & restoring with compassion those suffering from leprosy and other diseases of poverty

March 2019 Update - Lalgadh Leprosy Hospital & Services Centre (LLHSC), Nepal Leprosy Trust (NLT)
From the entire grateful LLHSC team

&

Dr Graeme Clugston, Medical Director & Meena Clugston, Nursing Advisor

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Website: www.nepal-leprosy.com

Dear Church family and friends –

Greetings from us all! ... Grace and Peace! (got that from St Paul)

As we rush into 2019 here at Lalgadh leprosy Hospital (and hey! ... of course where you are too) we pause for a moment to send you a little update of the some of the exciting front-line mission work here – one of the world's busiest leprosy hospitals – which you have been so faithfully supporting. Gigantic THANKS



Mighty Thanks to you from all of us at LLHSC - patients, doctors, nurses, all staff - we are all are so deeply grateful to you, as well as to the Good Lord, for your all your support – prayers, love, funding, encouragement. This front-line leprosy and poverty work, in the hospital and out in remote villages is only possible because of support from you and others like you.



The cold season is just beginning to wane here, as warmer daytime temperatures creep in. It's been very cold this year since December - not surprising since we just south of the Himalayas – viewing distance from Mt Everest which we can see from our hospital water tower.



Wow! ...Everest range from our Lalgadh Hospital water tower ... and yes...OK... using a bit of zoom



Lalgadh Hospital is in the flat “Terai” lower southern strip of Nepal that adjoins the border with Bihar, India. Looking in the opposite direction, the Indian border is only 40 Km south from here. More than 20% of our patients come across the border from India. Leprosy remains a major problem there too.

1. HUGE Patient Numbers ... Leprosy still increasing ... as are all our patients - 117,633 total patients in 2018. Will we hit the 1,000/day mark in 2019?

Patient numbers coming to Lalgadh Hospital’s daily outpatient clinics have increased dramatically year by year for the past 10 years. At the moment every day we are treating about 300 outpatients – that’s while the cold weather is still here. When the Big Heat arrives – from April onwards through May ... followed by the monsoon bringing hot – wet -&- sticky - that’s June, July, August, September – the daily patient numbers will rocket upwards and we’ll be treating 900 patients a day, or more. **Maybe this year we will pass the 1,000 patients/day threshold?**

Check out our outpatient numbers for the past year 2018. The leprosy patients - new and returning - have surpassed last year’s numbers. Over 10% of new leprosy cases are in children. **Leprosy is still spreading in villages and community!** Additionally we treated huge numbers of sick and needy patients with other diseases – often nasty tropical diseases (105,237). As in most developing countries, many of these are children - 22,046 ... almost 20%.

Numbers of Outpatient Consultations - January – December 2018	
NEW Leprosy patients	1,207
ALL Leprosy patients (new + returning + satellite clinics)	12,396
GENERAL patients (all NON-LEPROSY patients – eg. skin, typhoid, diarrhoeal diseases, chest, TB, malaria, meningitis etc)	105,237
Total Outpatient consultations	117,633
Total Children consultations	22,046

Why is leprosy still such a terrible and dreadfully feared disease? Want some quick facts?

- **120 COUNTRIES** are still reporting to WHO each year on their leprosy situation – like Wow! – still globally widespread.
- **Worldwide** there was an INCREASE in the prevalence of leprosy between 2016 and 2017
- **In Nepal**, the number of new cases of leprosy has increased each year for the last 3 years
- **New cases of leprosy in children and women** have progressively risen in Nepal for the past 8 years
- **Leprosy is slowly infectious** - caused by a bacteria - *Mycobacterium leprae* – same bacterial family as tuberculosis bacteria
- **Leprosy is curable and its mutilating disabilities preventable – BUT ONLY IF DIAGNOSED AND TREATED EARLY**
- **Early diagnosis and treatment with multidrug therapy (MDT) - 3 drugs - remain crucial in curing the disease, stopping transmission**
- **Untreated, leprosy can cause progressive and permanent damage to the skin, nerves, eyes and limbs, resulting in disfigurement, blindness, and loss of fingers, hands, and feet.**
- Leprosy presents in patients with one (or more) of **3 main clinical pictures** - one cosmetic that can usually be resolved, the other two causing horrible mutilating often progressive deformities.
 - **1. COSMETIC: skin patches** - curable, resolvable and normally disappear with multi drug therapy (MDT) for a year
 - **2. MUTILATING: irreversible nerve damage that leads to:**
 - **blindness** - loss blinking (lagophthalmos) and loss of sensation of cornea. Blindness.
 - **loss of sensation and function of hands** - leading to deformed claw hands, wrist drop and eventual loss of fingers
 - **loss of sensation and function of feet** - leading to foot-drop, repeated ulcers, infection, osteomyelitis of the feet, and eventual loss of toes and then feet, often requiring amputation.
 - **3. MUTILATING: Leprosy Reactions - Type1 and Type 2** - an unpredictable immunological response - affects about 40% of all leprosy patients. Both reaction types are serious, can lead to further nerve damage, or even death. Both require high doses of steroids
- **Once leprosy has caused nerve damage to eyes and/or hands and/or feet** - even if the patient has taken multidrug therapy (MDT) for a year and is thus no longer infectious - trauma to unfeeling eyes and limbs often continues to cause progressive damage, mutilation, disability, leading to eventual blindness, and progressive loss of fingers, hands, feet....this despite a year’s MDT treatment
- **Often there is still awful social stigma, ostracism, discrimination and marginalization, of leprosy-affected persons** – by communities, by schools, by health centres, and even their own families. This exacerbates the despair, hopelessness and depression that many leprosy-affected people experience. Some patients **call the disease “the living death”**
- There is a **peak in the incidence rate of leprosy in (a) childhood (10-18 years) and (b) adults (30-50 years)**. Children are more susceptible to leprosy infection than adults. We see many children, as young as 4 or 5 years old, with leprosy. There are few things more sad than seeing a child come with leprosy and already having mutilated disabled hands, eyes or feet. They have a life-long battle ahead.
- **THE MESSAGE: Detect, diagnose and treat leprosy EARLY, before any irreversible nerve damage occurs.**

2. Christmas at Lalgadh Hospital

Despite the awfulness of leprosy, I wonder if you can imagine the Christmas joy, fun, laughter, thrills, happiness that patients experience here - even in a leprosy hospital? Actually - all year round Lalgadh Leprosy Hospital is a place of where compassion and love prevail and patients are treated with kindness, care and dignity - with no hint of stigma or rejection, irrespective of what disabilities or horrible leprosy wounds they may have. Yet at Christmas the happiness rises to a real thrill. Here's a little glimpse of the recent Christmas Eve...

WHAT A PROGRAMME! At 6.30 pm almost 100 inpatients plus staff - children, adults, elderly – hospitalized at Lalgadh Hospital for treatment of severe leprosy complications - gathered in the picturesque decorated recreation room of our new Children's Unit.



The fun began with our nurses singing Nepalese Christmas carols. Then followed some songs and carols that had been practiced for the preceding 2 weeks by some of the leprosy-affected inpatient children.



Then the wonder and significance of the Christmas story was told by Pastor Jay Prakash from Janakpur (did you know he could get arrested for that?). Our Program Director – Dambar Ale – then related the amazing story of how Lalgadh Leprosy Hospital began, and how it has grown over a short 20 years to become Nepal’s busiest, and one of the world’s busiest, leprosy hospitals. Then followed more songs and music... and beautifully artistic traditional Nepali dancing by our nurses...



Several times during the course of the program, there was a “singing-along with Pradeep” - a mighty foot-thumping sing-along (in local Maithili language) with Pradeep Yadav. Enthusiastic singing and clapping from the audience (if they have hands to do so).

Then – it’s CHRISTMAS -PRESENT TIME the patients return to their rooms in excited expectation - and the DOCTORS AND NURSES DISTRIBUTE CHRISTMAS PRESENTS TO ALL THE PATIENTS. This year it was warm shawls and colourful anoraks - orange, green, gold. Much needed and much much appreciated in this cold Himalayan winter.



THEN - to top off the evening - DISTRIBUTION OF SUPER SNACKS FOR EVERYONE - samosas, sticky julabis and sweet ladoos and oranges. And lastly sweet rice pudding.

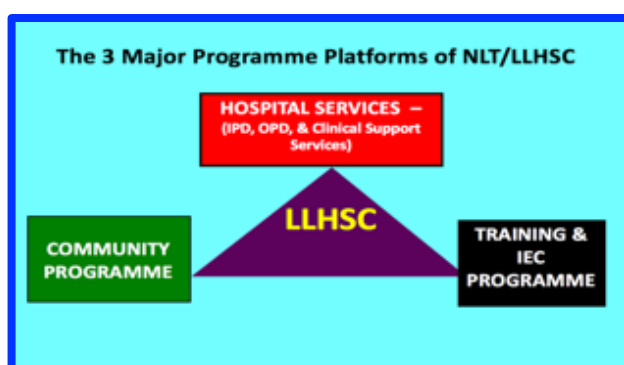


It is hard to truly imagine what such happiness and love means to many of these leprosy-affected patients – many of whom come to Lalgadh Hospital very sad – often ultra-poor, having few clothes or possessions in their villages, and sometimes rejected, stigmatized and ostracized by their communities and sometimes their own families. Many are illiterate, especially the women and children, have no hope of income earning due to their leprosy and loss of hands or feet, and come to Lalgadh Hospital depressed and hopeless. Some have not experienced, for many years, a hint of love, or care or even an affectionate hug.... or the thrill of receiving a gift.

And Many have never even heard of Christmas, Nor experienced the joy and love that goes with it.

So... Christmas at Lalgadh Leprosy Hospital is truly a high point of all-year-round caring that goes on here.

3. Meantime ... LLHSC's busy Programs continue – 3 Program Platforms



The Hospital Services are ultra-busy, day in day out - the **daily outpatient clinics** have the huge patient numbers coming for consultation, diagnosis and treatment – 117,633 consultations last year. **Clinical Support services** include laboratory tests, X-Ray and ultrasound, physiotherapy and other services. And **Inpatient Care** is provided through 90 hospital – with 70% of patients being treated for severe leprosy and its complications. Other patients are in hospital severely ill with other diseases – typhoid, tuberculosis, diabetes, malnutrition, severe infections, hepatitis, diarrhoeal and respiratory diseases and many more.

The daily inpatient care includes medical and surgical care, wound care, and once a week reconstructive surgery.

For all leprosy patients – all treatment is free. Whether for outpatient consultations, laboratory and diagnostic tests, or inpatient care including all bed and food costs, medications and surgery – all is free. Most leprosy patients are extremely poor, and usually at the bottom of the socio-economic woodpile. Our calling – we feel – is to serve them with love and compassionate care. Thus all leprosy services are free. We hope to keep it that way.

4. Ward Rounds

Every morning we do a brief ward round And every Wednesday a thorough all-day ward-round in which every patient is thoroughly checked, all wounds examined and re-banded, all leprosy-reaction patients check, and all medications reviewed.



Here Dr Krishna and nursing team review a foot ulcer in the adult female ward



The ward round in the Girls' Ward of the Children's Unit.

(Above) - Payal (age 18) has a very severe Type2 Leprosy Reaction, and is not improving on high doses of steroids. We'll have to think of last-line medications.

Meanwhile, Shova 15, Ruby 14 and Sahani 12, wait for the ward-round team to arrive. Shova has lost most of her fingers and toes. She has had reconstructive hand surgery 4 weeks ago. Shova was married when she was 10 but her husband deserted her on finding she had leprosy

Ruby and Sahani both have severe Type 2 reactions and are on steroid treatment.

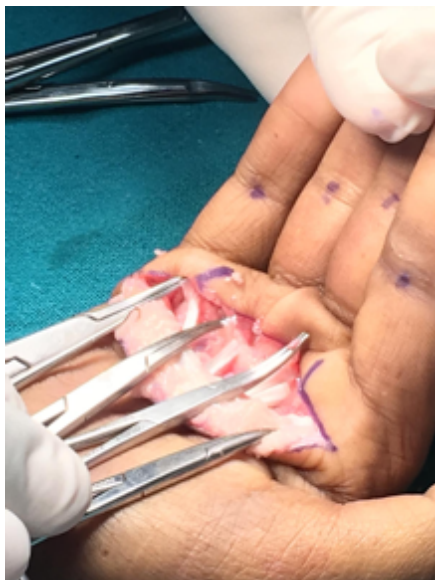
5. Reconstructive Surgery



Reconstructive hand surgery.

The Lasso operation is a common reconstructive hand-surgery operation for leprosy patients in whom nerve damage has left them with an anaesthetic semi-paralysed “claw-hand”. In this delicate intricate procedure the tendons to remaining good fingers, are carefully split and transplanted into the paralysed fingers, which are also straightened.

The result is miraculous. The result is a normal-looking well-functioning hand. This can transform the patient’s life, and stigma (which results from visible disability) disappears.



6. Community outreach – Needy Schools Project



Meena gets the children exercising – and then ready to line up for health check-up

Since the massive destructive earthquakes in April & May 2015, which destroyed 48,000 classrooms – LLHSC has been providing support to 3 ultra-needy schools each year, especially in the high remote areas of neighboring Sindhuli District which suffered severe earthquake damage.

Support has included health check-up clinics for the school children at 2 schools, and schoolbags, uniforms, writing, reading and colouring books, colour pencils, stationery, education materials, toothbrush/toothpaste and soap, etc.

In one high remote area we are also helping a community build a new school where the earthquake damage left their stone-building damaged and unrepairable.

This (left & below) in Nakajui School. It has 70 primary school-children, whom we have provided with school materials on previous visits. On this occasion, a few weeks ago, we ran a health check-up clinic.



Health check-up clinic for all the 70 children at Nakajuli School, in high remote Sindhuli District

In this way we check for malnutrition and a range of other childhood diseases.

We also keep on the look-out for leprosy.

On a previous visit we were told of 2 leprosy cases in adults in this community.



(A) After finishing examining the children, parents and grandparents also line up.



(B) This is Kanchi (5) – “Namaste!” & “Thankyou”

7. HOOORAY! – we have made our first prosthesis at Lalgadh Leprosy Hospital!

With funding from American Leprosy Missions (ALM), a new Footwear and Prosthesis Unit was built and equipped. The old footwear unit in its cramped rooms still managed each year to produce over 3,000 pairs of special footwear – sandals, canvas shoes, moulded boots and other orthotic devices – protecting the damaged or ulcer-prone feet of leprosy patients. But until now we have not had the machinery or skills to make prostheses for the below-knee amputations that are needed each year. **BUT NOW WE CAN! - with the new machinery and Mr Ramesh – our new prosthetist!**



This is 23-year old Sunil – has had a below-knee amputation for leprosy. Mr Ramsh has fitted him with a new prosthesis – the first to be made at LLHSC. The socket is a composite material with a moulded lined interior. The pylon is stainless steel. The foot is rubber. Here Sunil is trying it out for length and comfort. When OK, the whole prosthesis leg will be covered in a light skin-colored composite material. This is a long-awaited triumph for LLHSC.

8. Remember little Sarita – with no feet?

You may remember we found little Sarita when our LLHSC-team first visited Kalika School in 2016, high up in remote Sindhuli District – where no doctor (nor white person) had ever visited before our visit. Sarita was just 9. Her feet had been burnt off when only 8 months old. She could only manage a few painful hobble steps on her stumps, and she had never been able to walk. Her mother – Sonmaya - carried her everywhere including to and from school. We persuaded Sonmaya to come (a 7 hour journey for them) to LLHSC. The Footwear Unit measured and took plaster casts of her stumps, and made specially moulded shoes and insoles for her. With these she walked for the first time in her life.



Little Sarita – aged 9 – as we found her in 2016, (a) at Kalika School in high Sindhuli District. At this stage she had never walked – she has no feet as they were burnt off when she was 8 months old. We persuaded her to make the long journey to Lalgadh Hospital and made specially moulded shoes for her (b). What a thrill for her and her mother - she walked for the first time in her life!

Now, aged 11, her moulded shoes have worn out and disintegrated. Her stumps have become blistered, calloused and sore. Two weeks ago, her Mum carried her for 3 hours, then a 3-hour bus trip... and she arrived back at Lalgadh Hospital. We were delighted to see her again.



First, we had to get Sarita's sore blistered stumps healed – with daily soaking, debriding and rest.



Then - (a) plaster casts are made of her stumps, and the Footwear staff get busy. (b) They use the plaster cast to make a perfectly fitting soft gentle rubber inner "shoe". Then they construct and hand-sew a sturdy leather boot around this.



Her stumps healed... Look who is thrilled ... and can walk again in her new boots. A spare pair being made as well.

9. Lalgadh Church – Christmas Day 25 December 2018

As church-life, and daily Christian worship, fellowship, and mission at LLHSC, are so closely linked, this Newsletter would be incomplete without sharing a glimpse of our local Lalgadh Church – about 1Km away from LLHSC, 15 minutes walk down the hill. Here's how Lalgadh Church celebrated Christmas Day.



We all sit on the floor – ladies on one side, guys on the other.

Enthusiastic singing, praying (out loud), Bible readings, and a loooong sermon drawing from Old Testament and New Testament about Jesus birth.

The service lasts about 2 hours (or more).

While church is on, Christmas feast is prepared – goats killed, meat chopped up & cooked with hot spices, veges peeled, chopped, cooked with chillies & hot spices, rice and dahl (lentils) cooked in steaming cauldrons



(a) Lalgadh Church



(b) View of the church service from the back





The local village folks also flock to the Christmas Feast – we feed more than 300 people. Notice it's Lalgadh Hospital staff serving the food



Two local cuties - dressed for Christmas

10. Finally - A Quick Comment: LLHSC's crucial role ... priority needs ... and money stuff....

10.1 LLHSC's means of funding

LLHSC provides all services to leprosy patients free of cost, and for non-leprosy patients the charges are very low or free if patients are very poor and needy, depending on what they can afford.

Lalgadh Hospital is one of the world's busiest leprosy hospitals (2nd busiest in the world after Naini in nearby Uttar Pradesh). It is by far the busiest leprosy hospital in Nepal, diagnosing and treating nearly one third of all Nepal's new leprosy cases. Indeed Lalgadh Hospital has a much higher outpatient attendance (all disease types, 117,633) than any other District hospital in Nepal. LLHSC's services are a major part of Nepal's National Leprosy Programme.

LLHSC gets no funds from the Nepal Government, but rather contributes to the Government program. LLHSC generates some 25% of its funds from locally generated income - clinical support services, (pharmacy, laboratory, X-Ray etc, inpatient and outpatient services). For funding the rest of LLHSC's services, we depend on donations.

10.2 Rising to Meet The Challenge Of The Future Expanding the scope and quality of Services

One of the main challenges for LLHSC's future is to increase its self-sufficiency – whilst keeping leprosy as the central focus of LLHSC's work including keeping all leprosy services free, to also carefully increase the scope and quality of clinical services offered to the huge numbers of non-leprosy patients. This is the path already developed by other

large leprosy hospitals in India – Naini in UP, and Karigiri in Vellore. Through developing specialist services in such areas as dermatology, children's and women's health, orthopedics etc., this makes sense when one considers the massive and increasing numbers of patients coming to LLHSC for treatment.

Here are 10 of LLHSC's main priority needs:

- Training courses (6-12 months) for staff in areas such as ultrasound and X-Ray use and interpretation, laboratory techniques, practical anaesthetics, dermatology, reconstructive surgery, physiotherapy;
- Short consultation and training visits by professional experts to LLHSC in selected specialist areas - surgery, orthopaedics, paediatrics, women's health, diabetes etc;
- Funds for keeping free hospital treatment of leprosy-affected patients - especially children and women and with severe leprosy – includes diagnosis, hospital care & treatment, medicines, reconstructive surgery;
- Equipment – a new ultrasound machine (\$36,000)
- Equipment - dental chair (with basic connections, suction, drill etc) (\$36,000)
- Obstetric delivery table – our current one is old and 2nd-hand \$7,000)
- Support for staff salaries – (always so hard to raise funds for) – LLHSC's nurses, doctors, health workers are very committed and manage on salary levels that are less than equivalent posts in other mission hospitals or Government hospitals)
- Funding to support leprosy affected people in the community – for house renovation, well-digging, training in income generating skills, economic support for rehabilitating very poor leprosy-affected people.
- Scholarship-support for children with leprosy, and for children of leprosy-affected and other poor families
- Volunteer doctors and nurses and health technicians.

LLHSC is serving increasing numbers of sick, poor and needy folks each year, now over 117,000 patient visits each year including over 12,400 leprosy patient visits and over 22,000 sick children. This beautiful work reaches out with compassion, seeking and providing free or low-cost services to the poor and needy, the vulnerable and marginalised. All three of LLHSC's programme areas – Hospital Services, Community Health & Development outreach, and the Training programme – have an exciting role... to rise and meet to the enormous challenges ahead, to make a visible difference in the battle to conquer leprosy and other diseases of poverty, and to help meet the health, faith, and development needs of the families, communities and populations of this region of Nepal.

Thankyou deeply for all your encouragement, prayers, funds, visits, love.



*1. Forth in thy name, O Lord, we go,
our daily labor to pursue;
thee, only thee, resolved to know
in all we think or speak or do.*

*2. The task thy wisdom hath assigned,
O let us cheerfully fulfill;
in all our works thy presence find,
and prove thy good and perfect will.*

*4. For thee, delightfully employ
what e'er thy bounteous grace has given;
and run our course with even joy,
and closely walk with thee to heaven.*

Charles Wesley

Dr Graeme A. Clugston & Meena Clugston,
Medical Director, & Nursing Adviser,
Lalgadh Leprosy Hospital & Services Centre
Nepal Leprosy Trust,
Dhanusha District,
Nepal

How to support Lalgadh Leprosy Hospital?

<http://www.nepal-leprosy.com/support-us.html>

Mobile Phone: +977-981 889 4150

E-mail: clugstong@gmail.com

Lalgadh Hospital web-site: www.nepal-leprosy.com

Lalgadh Hospital FaceBook: www.facebook.com/nepal.leprosy