

INDIAN ASSOCIATION OF LEPROLOGISTS



SEVENTH NATIONAL CME CUM ORIENTATION TRAINING SESSION 2015

Theme : " Current Scenario of Leprosy in India-In Search of the Ideal Ways to keep up the Status of Elimination"



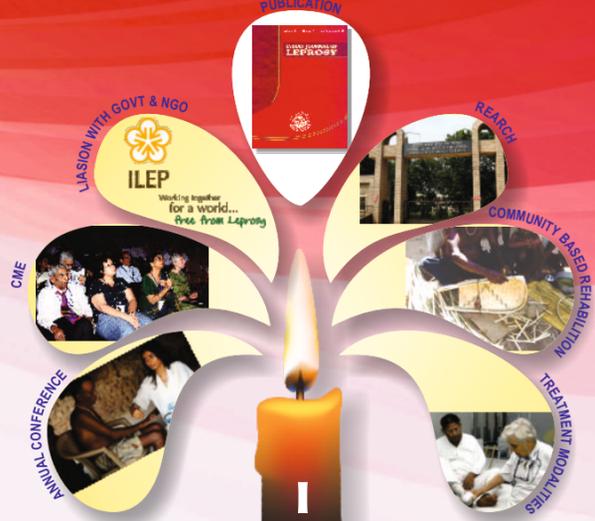
Govt. of India



ICMR



IADVL



NLEP



IAL



MGIMS

Advocacy in Community Health Care of People Affected with Leprosy in Indian Subcontinent
(MGIMS), Sevagram, Wardha, Maharashtra
2nd October, 2015 (Friday)



ONGOING GUIDING FORCE OF IAL ACTIVITES
PAST PRESIDENT OF INDIAN ASSOCIATION OF LEPROLOGISTS



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DOWN THE MEMORY LANE



Installation of President Prof. Swapan K Samanta

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Dr. Raj Kamal



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Dr. P. K. B. Patnaik

IAL Academic Activities Around India in the year (2015)



In 2015 : Siliguri (West Bengal)
 Varanasi (Uttar Pradesh)
 Cuttack (Odisha)
 Chidambaram (Tamil Nadu)
 Ludhiana (Panjab)
 Silchar (Assam)
 Sevagram (Maharashtra)...

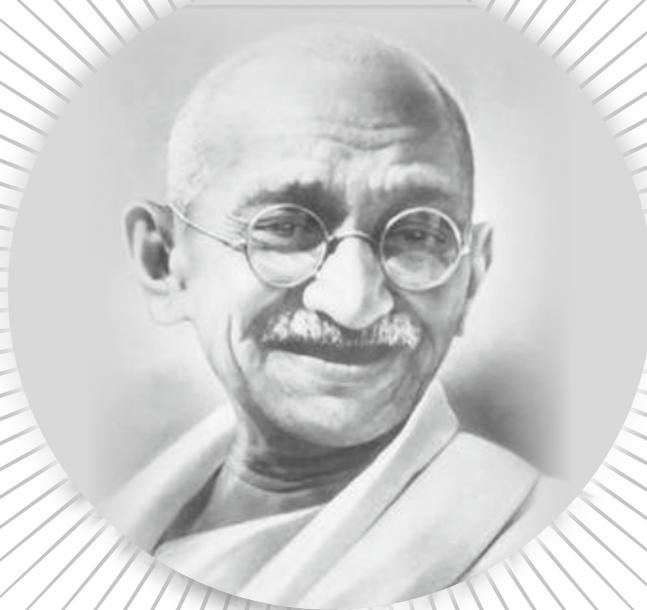
In 2015 : Midterm Conference (Hyderabad)

IAL ANNUAL GENERAL BODY MEETNG & Eighth National CME of Session 2015
S N Medical College, Agra, UP ● Date : 09th. October, 2015
(AGBM from 8.00am to 9.30am & CME from 10.00am to 2.00pm)
 Organising Secretary : Dr. Srikanta Tripathy, MD
 Director, CJALMA & other Microbial Diseases' Miyajuki Road, Tajgunj, Agra, UP
 Tel :09258044406, Email : directorjalma@gmail.com



Our Tribute to The Father of The Nation

THE GREAT SOUL DEDICATED FOR THE CAUSE OF LEPROSY



GANDHIJI'S ASSOCIATION WITH LEPROSY WORK

1882-83	Rajkot	Gandhiji was deeply impressed by the account of their family priest, Latha Mahraj, who, it was said, got rid of his leprosy by chanting Ramanam and applying Bilwa Patra.
1894-95	Durban	Gandhiji met leprosy patient on road
1897	Durban	Gandhiji nursed a leprosy patient in gandhiji's own house. He did this as an act of concrete service to his fellow-men.
1905	South Africa	Gandhiji wrote a short article about a missionary worker who contracted leprosy while doing working in India.
1913-15	Pune	Rescued and helped a leprosy patient when Gandhiji had been for his evening walk.
1913-15	Madras	Gandhiji wiped the bleeding sores of a leprosy patient (an eminent political worker and founder Member of Indian Nation Congress) with the ends of his (Gandhiji's) own garment, Shri Srinivas Sastri was present at this time.
1917	Champaranya	During the Champaranya March, Gandhiji escorted one of his fellow-workers, a leprosy patient, to the camp.



1925	Cuttack	Gandhiji visited Cuttack leprosy Hospital. This was a hurried visit on August 19, 1925.
1925	Purulia	On September 12, 1925 Gandhiji visited Purulia Leprosy Hospital.
1927	Cuttack	On December 21, 1927 Gandhiji visited Cuttack leprosy Hospital. Here he patted the heads of the patient and shook hands with them after Completing his Speech.
1929	Almora area	During his tour of the Almora area, it is reported that he visited leprosy Hospitals at Almora Kaysani and Bageswar.
1944	Sevagram	Kasturba Trust was established. Leprosy work was included as one of the items of work to be done through the trust.
1944	Sevagram	Visited Dattapur Leprosy Hospital on 12, 1944. Called Mr. Manohar Divan as "True Mahatma".
1945	Sevagram	On February 9, 1945 Dr. R G Cochrane, the world famous leprologist come to meet Bapu at sevagram.
1946	Madras State	On February 4, 1964 Gandhiji met the patient at the Willingdon Leprosy Hospital, Chingleput.
1946		---- Gandhiji came to know that the Sind Assembly was proposing to introduce a bill for compulsory sterilization of leprosy patient. Gandhiji wrote to Prof. N. K. Malkani member of the Assembly. On receipt of Gandhiji's letter the proposed bill was dropped. (June 1946).
1947	---	Harijan Dated January 12, 1947 published a detailed statement from medical men of India, condemning the bill for compulsory sterilisation of leprosy patient in Sind Province
1947	Noakhali	On February 05, 1947 Gandhiji mentioned in his post prayer speech that special representations, if any, in the various assemblies and bodies should be given to leprosy Patients and other disables.
1947	Calcutta	On September 4, 1947 visited the Gobra leprosy Hospital near Calcutta.. It was here that he said that he considered mental leprosy worse than physical leprosy.
1947	New Delhi	Mentioned leprosy in his post-prayer-speeches on two successive days, October 23 and 24, 1947. Also sent a Message to the All India Leprosy Workers' Conference.

INDIAN ASSOCIATION OF LEPROLOGISTS (IAL)
SEVENTH NATIONAL CME CUM ORIENTATION
(SESSION 2015)



THEME

**Current Scenario of Leprosy in India- In Search of the Ideal Ways to
keep up the Status of Elimination**

Organized by
Indian Association of Leprologists

In collaboration with
**Department of Dermatology and Venereology,
Mahatma Gandhi Institute of Medical Sciences, Sevagram , Wardha, Maharashtra
& Special Interest Group of Indian Association of Dermatologists,
Venereologists & Leprologists
Students Council (MGIMS), Sevagram, Wardha, Maharashtra
Gandhi Memorial Leprosy Foundation, Sevagram, Wardha, Maharashtra**

2nd October, 2015
Friday



VENUE

**Dept. of Dermatology
(MGIMS), Sevagram
Wardha, Maharashtra**

Organizing Secretary
Prof. B.S. Garg, MD, PhD, FAMS
Director - Prof. of Community Medicine
Director, Dr. Sushila Nayar School of Public Health
MGIMS, Sevagram, Wardha, Maharashtra
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Dr. Selvipandian

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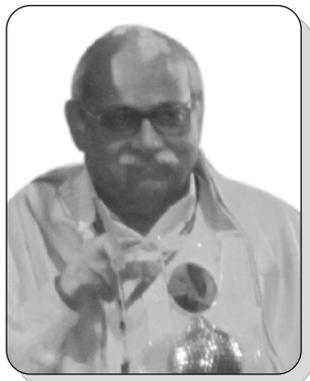
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All Cheques/Demand Draft should be drawn in favour of "Indian Association of Leprologists" & payable at Tamluk

Theme Address



Dr. V. V. Dongre

GFAM, LMP, MBBS, DVD, DHA, DSW, DHE,
PGD-PR & ADV, PGD-MLS

Dr. V. V. Dongre, not a research scientist but a grass root level worker in the field of leprosy for more than five decades. He has worked in India's urban, semi urban, rural and tribal areas. Dr. Vijay Kumar V. Dongre has worked for 52 years in the field of Leprosy. At present, he is President of National Leprosy Organisation (NLO); Hon. Secretary, of the Society for the Eradication of Leprosy, Bombay and Sr. Consultant, LEAP, ALERT-INDIA. Earlier he was the President, Voluntary Health Association of India New Delhi; President, Indian Association of Leprologists (Maharashtra Branch); Hon. Secretary, International Leprosy Union, Pune; Hon. Secretary, Acworth Leprosy Hospital-Society for RRE in Leprosy, Mumbai; Hon. Secretary, Hind Kusht Nivaran Sangh, Maha Branch; Hon. Secretary, Indian Association of Leprologists, Mumbai; Visiting Leprologist, Children's Aid Society, Mumbai; Visiting Leprologist, Yusuf Meheralli Health Centre at Tara, Maharashtra. He has published 50 Research papers on different aspects of leprosy in different Leprosy and Health Journals. He has written 52 booklets on leprosy and given about 10,000 lectures on leprosy.

Dr. Vijay Kumar V. Dongre, is awarded with the '**International Gandhi Award for Leprosy 2013**' by the President of India, Shri Pranab Mukherjee for making outstanding contribution in the field of leprosy, on February 15, 2014 at Rashtrapati Bhavan, New Delhi

Unfinished Tasks in Eradication of Leprosy Is leprosy control a myth in India? And

Is leprosy eradication, a farfetched day dream?

Leprosy is unique but ubiquitous disease. Its elimination is not utopia.

Officially it was announced by the Central Health Minister on 30th January 2006 that India has achieved elimination of leprosy at the National level on 31st December 2005. Thereafter, news started coming in the news papers that '**Survey reveals high prevalence of leprosy**', when experts started saying that the National Leprosy Eradication Program needs a relook and revision, as it appears that the health machinery has become complacent hence there is accumulation of cases.

My thoughts do not find faults but only suggest retrospection and introspection by the concerned authorities. The question is what we should do for a better and an appropriate quality services to the needy leprosy patients all over India.

The National Leprosy Program has gone through different stages such as control to elimination. In 1981 there were approx. 40 Lakhs leprosy patients in our country. After the advent of MDT this figure has come down to approx. 83,000 active leprosy cases all over the different States of India. With the euphoria of elimination, the contents of the program were over simplified. Prevalence Rate which was always relative became the determinant of leprosy burden - basic weaker measure as against New Case Detection Rate.

In order to simplify the program the workers all over the country were asked to stop active survey (under the pretext that the active survey is not cost-effective), no clinical charting of patients, no surveillance after stopping treatment and no skin smear testing as far as possible. A new case was not registered as far as possible and at times a new case was shown as old irregularly treated case by giving a registration number starting with 0.

A PB (pauci-bacillary) case was made, RFT (Released From Treatment) on the first day of 6th pulse dose and the MB (multi-bacillary) RFT on the first day of 12th pulse dose so that the number of active cases is diminished one month



early than the scheduled time. The authorities started using midterm population while calculating the Prevalence Rate in given area. All these statistical manipulations did show reduction in the number of leprosy cases. This was a pure play with figures. We know that all types of figures are deceptive. Another technique of validation of new cases in an area by the appointed validators gave a new dimension to the calculation of new cases as the understanding of a leprosy case by validator was at times different than the actual detector of the case. The dispensing of treatment pack was at times delayed on account of irregular supply of multi drugs.

On account of euphoria of elimination, leprosy training centres were closed down. The senior leprosy workers were given other health programs. The experienced senior leprosy workers started getting superannuated. The vertical leprosy program was scrapped in phases by midyear of 2004. The void created by the retired senior leprosy workers could not be filled in.

Elimination of leprosy, in reality was a wrong notion further integration leprosy programme with general health services was a myth too. It resulted in to scrapping of the leprosy vertical programme. The process of creating a squad of trained leprosy workers was stopped. As a result, after superannuation of senior workers, a void has been created, especially in the rural areas between the leprosy patients and the health facilitators. The experienced, the trained leprosy workers were not only giving MDT but were helping the leprosy patients during their day to day problems of life. The educational, matrimonial, ethical, societal at times financial were tackled by the leprosy patients with the help of such leprosy workers. There is no official record of such work with the government machinery. Today leprosy patients may be getting MDT but what about their problems mentioned above as the general health workers are not tuned to counsel the patients in such problematic situation.

The program was handed over to general health care staff members who were already engaged, nearly with 17 national health programs. They were technically not sufficiently prepared for taking up the new challenge of anti-leprosy work. The power of vertical program was not transferred to the members of the mixed horizontal health programmes. The transfer of technology did not take place at the satisfactory level and the feeling of ownership of the leprosy program by the general health care system remained in abeyance. As a result we find that the so called actual elimination of leprosy did not sustain but there was elimination of leprosy workers and vertical leprosy program, elimination of motivation for leprosy work and elimination of sympathy for leprosy patients and elimination of some of the Non-Governmental Leprosy Organisations due to lack of Grant-in-Aid from different sources. The soul of the program was thus lost and patients were sent from pillar to post. What is not eliminated is the fear of the disease, the stigma of the disease and the legislative provisions that violate human rights of leprosy patients. **The verticality of the leprosy programme went into its horizontality, in short, the programme that was going on failed miserably.**



Call From the President of IAL



Prof. Swapan K Samanta

Honourable Principal & the dignified Faculties & Authorities of Mahatma Gandhi Institute of Medical Sciences, Sevagram. Respected Secretary & the Board of Management of Gandhi Memorial Leprosy Foundation & Distinguished Guests, Fellow Members of IMA, IADVL & IAL, beloved Students, Ladies & Gentlemen,
Good Morning to all the participants with my warm & cordial Salute from IAL on this very auspicious day of the Birth Day Anniversary of our Father of the Nation !.
In collaboration with Gandhi Memorial Leprosy Foundation & the Students' Council of Mahatma Gandhi Institute of Medical Sciences, Sevagram and by the benevolent support of .the **Special Interest Group (SIG) of Dermatologists, Venereologists & Leprologist** (IADVL) we, on behalf of the Indian Association of Leprologists (IAL), has the opportunity to hold its Seventh National CME cum Orientation Training of the Session 2015 here at Mahatma Gandhi Institute of Medical Sciences, Sevagram on the common topic "Current Scenario of Leprosy in India- What more to add or alter to keep up the Status of Elimination".

Starting our **Nation wide Journey in preaching the "Updates in Leprosy" from 30th. January, 2015 from North Bengal Medical College, Sishrutanagar, Darjeeling** we have taken one of the medical colleges in each of the states of India. The aim of these CMEs' is to sensitise the young Medicos & Nursing personnel and budding Physicians, Dermatologists & Surgeons of *all the allied subjects of Leprosy* as well as the Faculties & General Practitioners of that particular region (being the members of IMA, IADVL etc.) about the current day understanding of the ABC of Leprosy.

The methodology includes **Six to Eight Lectures on prime areas of Leprosy by Leprologists of different discipline** and evaluation of the uptake of knowledge by pre and post CME Follow Up. The CME is designed to hold once/ twice in a month **for Eight academic hours**. During the inaugural session IAL also takes the opportunity to **felicitate the past & present teachers & a few local personality who rendered dedicated and commendable service for the leprosy sufferers**, so as to keep exemplary instances before the participating students to inspire them for the service for the cause of Leprosy.

As a part of our Orientation Training we have allocated **a Sit & Draw Competition** for Under Graduate MBBS & BSc Nursing Students of that particular Medical College **on "Leprosy Sufferer whom he / she had come across"** as well as a **Quiz Competition** for Post Graduate Students of the area with Certificate & Trophies

Here we have furnished the **Provisional Academic Calendar of IAL CME cum Orientation Training Programme** on "Update in Leprosy" for the coming months. .

IAL has very limited financial resources to fulfil this task. We **fervently request the support and cooperation of each and every member of IAL as well as Members of Medical fraternity and the people from the other walks of life** to join hand in this endeavour by the following ways:

- (1) Volunteer yourself to **ORGANISE in your Medical College or be a speaker** of the Scientific Session from your own resources (*just send a SMS on your desire to organise / participate*)
- (2) **Donate / mobilise resources** for funding in organising the CME *from any of your satisfied patient , pharmaceutical and benevolent NGO*
- (3) **Motivate like minded people** to join in this Mission of Interactive Teaching Curriculum
- (4) **Convey this message to your Colleague & Students**
- (5) **Enrol as a New Members in IAL- (Each One Reach One)**

At the closure we like to pay our sincere acknowledgement to the Principal & the Staff of Mahatma Gandhi Institute of Medical Sciences, Sevagram as well as the Secretary & the Board of Management of Gandhi Memorial Leprosy Foundation and all the speakers. We like to acknowledge the great support of all the sponsors for their kind patronage to hold this CME.

No words are enough to **acknowledge the Magnificent Captainship of Prof Bishan S Garg & his Team** for organising this extraordinary CME .

Looking forward for a vibrating interactive session **Towards A World Free of Leprosy.**

Once again our **earnest appeal "Join in this IAL Mission of Learning Exercise on leprosy : a life time opportunity to prepare the generation next to serve the People Affected with Leprosy (PAL)"**

Long Live IAL.

Jai Hind.

Swapan K. Samanta

Dr. Swapan Samanta

IAL ACADEMIC CALENDER (2015)

Sr . No	Place	State	Venue	Date	Contact Person	Remarks
1	Delhi	Delhi	Any Medical College	Not Fixed	Dr. K S Baghotia Tel : 08745011341 Email : <baghotia@yahoo.com>	<i>Planning</i>
2	Silchar	Assam	Govt. Medical College	18 th . September , .2015	Prof. Bhaskar Gupta Tel : 09435071362 Email : <dr_bhaskargupta10@rediffmail.com>	<i>Already Held</i>
3	Sevagram – Wardha	Maharashtra	Mahatma Gandhi Institute of Medical Sciences	2 nd . October, 2015	Prof.. Bishan Garg Tel : 09422141693 Email : <gargbs@gmail.com> ,	<i>Confirmed</i>
4	Agra	Uttar Pradesh	S N Medical College , Agra,	09 th .October, 2015	Dr. Srikanta Tripathy , Director, CJALMA, Agra, Tel : 09258044406 Email <directorjalma@gmail.com>	<i>Confirmed</i>
5	Simla/Tanda	Himachal Pradesh	Medical College	November, 2015	Prof. Vikram Mahajan Tel : 09418007941 Email : <vkm1@rediffmail.com>	<i>Planning</i>
6	Agartala	Tripura	Medical College	December 2 nd . Week	Prof. Gautam Mazumdar Tel: 09436768470 Email : <drgautam2112@yahoo.com>	<i>Planning</i>
7	Mumbai	Maharashtra	King Edward Medical College	04 th . December 2015	Prof. Atithi, Tel: 09969362543 , Email : drsiddhichikhalkar@gmail.com	<i>Confirmed</i>
8	Kolkata	West Bengal	S SM Hospital & IPGME R	Last week of December	Organising Secretary : Dr. Apurba Giri . Tel : 09434129066 Asstn. Org. Secretary: : Dr. Purban Ganguly, Tel : 09830558823 Email : <drpurban85@gmail.com> ,	<i>Confirmed</i>



From the Secretary's Desk



Prof. Dr. Rathindra Nath Dutta

Greetings from the Indian Association of Leprosy and from Kolkata. We are associated together to fight until the disease is fully eliminated. We are here together to fight against Leprosy, the dreaded disease which had nearly crippled our country. Yet we have fought bravely against it now we are on the verge of elimination. We need to strengthen it in spite of the apathy towards the disease from all aspects. Nowadays the curriculum has lesser stress, thus new medicos have lesser knowledge. Thus we have to increase our activities to sensitize the medical faculties and the general population. Treatment of course is the prerogative of the government, where we do compliment with them.

To make ours a leprosy free country we from IAL have to –

1. Conduct seminars/training sessions amongst medical students to redessimate the knowledge of this disease.
2. To encourage the faculty of all other related departments, to hold seminars and training sessions on leprosy, its complications and rehabilitation.
3. To give short term training to medical practitioners so that they can diagnose the disease properly and to direct them to the government hospitals/centres (as it is for free), to monitor their progress and to counsel them appropriately from time to time.

The IAL Nation wide drive to organise at least one CME cum Orientation on Update in Leprosy in each of the states of India in one of the Medical Colleges by the kind organisation of the Dept of Dermatology of that particular Medical College with the kind collaboration & support from Special Interest Group of Leprosy, IADVL & different ILEP Agencies as well as benevolent personalities.

This is being done pan India and the Sevagram Training Program Seventh on the line, the others were :

WEST BENGAL 30th January North Bengal Medical College	Prof. (Dr.) Rudra Nath Bhattacharya, MLA, C'man, Health Subject Committee, Govt. of West Bengal
UTTAR PRADESH 22nd March Inst of Medical Sciences, BHU, Varanasi	Professor S.S. Pandey, MD, MNAMS & Dr. Satyendra Kumar Singh HOD, of Dermatology and Venereology Institute of Medical Sciences Banaras Hindu University Varanasi-221005
ANDHRA PRADESH 11th & 12th April Medical College, Hyderabad	MID TERM CONFERENCE Dr. P V Narsimha Rao MD HOD Dept. of Dermatology, Venereology & Leprology
ODISHA 8th May SCB Medical College Cuttack	Prof. P Mohanti & Dr Manas Ranjan Puan MD, Skin & VD HOD, Dermatology, Venereology & Leprology
TAMILNADU 19th JUNE Rajah Muthia Medical College, Chidambaram	Prof. PVS Prasad, MD Principal & Dean
PUNJAB 25th. July, Saturday, 2015 at Dept of Dermatology, CMC, Ludhiana,	Prof. M. Z. Mani HOD, Dermatology
Silchar 18th. September, Friday, 2015 at Dept of Dermatology, Silchar Medical College	Dr. Ashis Dey Associate Prof. Dermatology

Membership has increased. The association has been rejuvenated. Our President of IAL Dr. Swapan Samanta is leaving no stone unturned to take forward the aims and objectives of our Association. Your participation, in whatever way you can, will contribute to a better India, for us and our children. We would like to coordinate with government of and strengthen our fight against leprosy, to make India leprosy free. Only then may our fight against this dreaded and socially stigmatized disease come to an end.

Prof. R. N. Dutta

INDIAN ASSOCIATION OF LEPROLOGISTS (IAL)

7th National CME cum Orientation on Leprosy

Date : 2nd October, Friday, 2015

Dept. of Dermatology, Mahatma Gandhi Institute of
Medical Sciences (MGIMS), Sevagram, Wardha, Maharashtra

In collaboration with

- ❖ Students Council(MGIMS), Sevagram, Wardha, Maharashtra
- ❖ Gandhi Memorial Leprosy Foundation, Sevagram, Wardha.

Theme : Leprosy Elimination in India: Myth or Reality

PROGRAMME

Registration (Complimentary) From 08.00.am to 10.00am

8:00 AM	Displaying of Posters prepared on Mahatma Gandhiji and his Social Services Venue: Auditorium, MGIMS, Sevagram Participants: Students from Kasturba Vidya Mandir Students
8:30 AM	Debate on Leprosy Elimination in India: Myth or Reality Venue: SN Hall, MGIMS, Sevagram Participants: Students from MGIMS, KNC & KNS
10:00 AM	Tea Break
10:30AM to 12.45 PM	Symposium on Leprosy in two sessions of 45 minutes each Session I (10.30 AM – 11.15AM) Chairman : Dr S K Samanta Co Chairman : Dr S Kar Speakers : Theme address by Dr. Vinayak Dongre on " Community Health Care for the Leprosy Sufferes in India : What more to do to keep up the status of elimination" (20mins) Epidemiology : Dr B S Garg (10 mins) Discussion: Open house Session II (11.40 AM – 12.45AM) Chairman : Dr S P Kalantri Co Chairman : Dr Sonia Jain Speakers : Clinical Features (Skin Manifestation) : Dr. Siddhi Chikholkar(KEM Hospital, Pune) (15mins) Reaction in Leprosy : Dr. Vikrant Saoji (Wardha)(10mins) Ocular Complications : Prof. S. K. Samanta (08 mins) Medical Treatment & Management of Complication : Dr S Kar (10 Mins) Surgical Management of Complication : To be decided within next two days (08mins)
12:45 PM	Closing
1.00 PM	Lunch in Auditorium

ABOUT THE CHAIRPERSON, MODERATORS AND SPEAKERS WITH THEIR ABSTRACTS



Dr. Siddhi Bhalchandra Chikhalkar

Working as an associate professor in department of dermatology Kem hospital, Parel, Mumbai

- * Presented Papers and Chaired the sessions in state, national conferences.
- * Given training to doctors and many health workers as a part of national programme
- * Contributed Scientific Papers in State and National, international Journals.
- * **. AWARDS WON –are**

Best theses prize for Efficacy of 88% phenol in alopecia areata in 33 National Conference of IADVL Jan 2005

□ **3rd prize in mNAPSI for assessment of Nail Psoriasis- AIIMS, New Delhi, National CME on 10th April 2010**

□ **Priydarshani Asmita award from Maharashtra Journalist foundation on 31st Oct. 2011**

* Appointed as a Postgraduate Examiner in Mumbai University

Special interest in LEPROSY

Organising CME on LEPROSY on 4th December 2015

Leprosy is a chronic granulomatous disease caused by Mycobacterium leprae. Primarily affects peripheral nerves & secondarily affects skin, other tissues. Target organ is schwann cell. Leprosy bacilli enter nerves via endoneurial blood vessels. Three classical cardinal signs-Anesthetic lesions, Nerve enlargement, Demonstration of M, leprae in slit skin smear.

Indeterminate leprosy is commonly seen in children. Common sites - on face & extremities. 1 or 2 ill-defined hypopigmented macules or patches less than 5 cm in diameter. Partial or no loss sensations.

Tuberculoid leprosy is a localised form of infection, asymmetrically unilateral located lesions, Common sites on face extremities buttock. Clinically presented as a plaque & Patches – Few in number, well defined, Erythematous or hypopigmented, Surface dry scaly, Edges – raised & central part flattening.

Borderline Leprosy Commonest-Unstable, prone for lepra reactions, Macules - erythematous in light skin, hypopigmented in dark skin, Plaques - erythematous central flattening is less, Annular lesions - ring like. Punched out lesions - characteristic Outer edge – vague, Central portion punched out. Bizarre lesions - raised bands geographic lesions. Nodules - Not characteristic occur rarely in BL.

Leprotous leprosy -LL is multi systemic disease, massive multiplication of M. leprae due in decreased CMI, Characterised by skin, neural & systemic involvement. Two symptoms for early diagnosis-Nasal symptoms-stuffiness, bleeding, Edema on legs.

C/F –Macules – More on trunk, Small & multiple, Bilateral symmetrically, Eryth / hypopigmented / Shiny. Papules & Nodules - normally skin colour on face limbs

Later-Leonine facies, Glove and stocking anaesthesia, Shortened fingers, Plantar ulcers, Ichthyosis, Damage to motor nerves.

Histoid leprosy-Variant of LL-Common sites back, buttock lower limb

C/F – firm erythematous round oval shiny nodules. □ Lucio leprosy (lepra bonita)- Diffuse non nodular leprosy, Shiny thickened skin, Loss of body hair, Wide spread sensory loss, Eyes – shiny thickening of upper eyelids.

Dr. Vikrant Abhay Saoji, Educational qualification- MBBS, MD.(Dermatology) Designation : - Visiting Professor Dept. of Dermatology, JN Medical College-, Sawangi- Wardha – Maharashtra-India.- Consultant Dermatologist- Nagpur- India, E-mail - vikrantsaoji@hotmail.com

Maharashtra Medical Council registration No.- 59259

Membership-

- Life member- Indian Medical Association, Nagpur branch.
- Life member- Indian Association of Dermatologists, Venereologists and Leprologists (IADVL)- LM/M/850
- Life member and Ex. President Vidharbha Dermatological Society.(Local association of Dermatologists).

Publications-

Total 14 publication in national and international journal

- Lucio leprosy with lucio phenomenon-Indian Journal of Leprosy 2001, 73(3):267-272
- Herpes labialis and genitalis in HIV positive patient-Indian journal of Dermatology Venerology Leprology-2001;67(3)161 .

- Hand Foot and Mouth Disease in Nagpur.-Indian Journal of Dermatology Venereology Leprology 2008; 74:1335
- Premature ovarian failure due to cyclophosphamide-a report of four cases in dermatology practice.- Indian Journal of Dermatology Venereology Leprology 2008;74:128-32.
- Primary systemic amyloidosis: Three different presentations- Indian Journal of Dermatology Venereology Leprology 2009; 75:394-7.
- **CONGENITAL ERYTHROPOIETIC PORPHYRIA: TWO CASE REPORTS - *Indian J Dermatol* 2011;56(1):94-7** Koley S, Saoji V, Salodkar A.
- Unusual formation of keloids after each episode of recurrent herpes zoster in an HIV positive patient. Indian J Sex Transm Dis [serial online] 2009 [cited 2011 Mar 22];30:109-11.
- ☒ Piebaldism and Vitiligo in Two Brothers. Iranian Journal of Dermatology. Vol 12, No3 (Suppl); Autumn 2009:8-11. Ectrodactyly, ectodermal dysplasia with cleft lip and palate: a case report. Journal of Pakistan Association of Dermatologists 2009; 19:240-242. A rare association of acanthosis nigricans with Crouzon syndrome. Indian J Dermatol Venereol Leprol 2010 ;76:65-7.
- Primary Cutaneous Nocardiosis. Indian J Dermatol. 2012 Sep-Oct; 57(5): 404–406
- Fusarium skin infection : a case report. Dermatology online Journal, 2012, 18(4)
- Neonatal lupus erythematosus-three different presentations. Indian Journal of Paediatric Dermatology | Vol 15 | Issue 3 | September-December 2014 110
- Combination of systemic cyclosporine and topical vitamin D3 analogue as a safe and effective option for plaque psoriasis. International journal of health science and research. vol. 4: Issue 11; nov 2014
- **Poster presentation-**
- Primary cutaneous amyloidosis-case report- at National conference of IADVL Agra 2001
- Cutaneous nocardiosis- case report.- at National conference of IADVL at Calcutta 2003
- Non pulsed betamethasone and Cyclophosphamide in the treatment of Pemphigus-at National conference of IADVL at New Delhi 2005.
- Lucio leprosy with Herpes Zoster –case report at National conference of IADVL at Mumbai 2004

Highlight:

- Popular undergraduate and postgraduate teacher.
- Delivered guest lectures on various topics in Dermatology at various gatherings like local and regional Dermatology associations.
- Conducted many CME.
- Written many articles in local news papers for public awareness.
- Delivered many talks on radio for public awareness.
- Active member of local Dermatology association (Vidarbha Dermatological society).

Clinical research experience

- Completed three clinical trials on Psoriasis, Acne and Tinea pedis

Prof. Swapan Samanta



Dr. Swapan K Samanta has attained MBBS (Hons with University Silver Medal from North Bengal University in 1976), MS in Ophthalmology (Calcutta University, 1981), Certificate Course in Community Eye Health (International Centre for Eye Health, London in 1995). Through his career for the last 36 years since 1979, he had engaged himself in Academic (Research), Clinical & Operational Aspect of Community Ophthalmology & Ocular leprosy around SAARC Countries. At present he is the Professor of Ophthalmology at Burdwan Medical College, West Bengal.

He was the invited teaching faculty (on Ocular Leprosy) at International Centre for Advancement in Rural Eye Care, LV Prasad Eye Institute, Hyderabad and Guest Lecturer on Ocular Leprosy at numerous places including Munich University Eye Hospital, Munich, Germany.

Dr. Samanta is the founder Honorary Secretary of Indian Alumni Group of ICEH, London (Indian Alumni Group of International Centre for Eye Health) from 2000 to 2009 - then Honorary General Secretary, Indian Association of Community Ophthalmology (now known as Association of Community Ophthalmologists of India) from its inception in 2009 till date.



He is the President of Indian Association of Leprologists (**IAL**) (2014 -) following **Hon. Secretary, IAL for three terms of two years each session** (2004-2005 & 2007 -2011) & **Vice President of IAL (2011-2014)** & Deputy Secretary General of SAARC Academy of Ophthalmology.

He was the Co Chairman of the Session on Ocular Leprosy at Asian Leprosy Congress at Agra (2002). He had convened the symposium on "*Prevention of Blindness in Leprosy in Africa*" at African Leprosy Congress in Johannesburg, South Africa (February, 2005) & **organized a Teaching session on Ocular Leprosy at the 17th. International Leprosy Congress in Hyderabad , Andhra Pradesh in 2008.**

Prof. Samanta is the recipient of Dr. E V Srinivasan Gold Medal (*All India Ophthalmological Society*) in 2000, Dr. P N Avasthi Memorial Oration Award (2008) (*Uttar Pradesh State Ophthalmological Society*), UKSOS Gold Medal (2010) (*UKSOS i.e.Uttarakhand State Ophthalmological Society*), First Dr. Alim Chowdhury Award (2014) (*Bangladesh Community Ophthalmological Society*), Dr. R C Meher Oration (2015) (*Eastern India Zonal Ophthalmic Congress*), APAO Outstanding Service in Prevention of Blindness Award 2015 (*Asia Pacific Academy of Ophthalmology*)

Ocular Complications of Leprosy (Ocular Leprosy)

Ocular Complication of leprosy can arise following Reversal Reaction or ENL Reaction or by direct invasion of ocular tissue by *Lepra Bacilli*. The major ocular sight threatening lesions on leprosy include Lagophthalmos, Corneal hyposthesia with exposure keratitis, uveitis and complicated cataract. As leprosy is not a killing disease senile cataract is found amongst leprosy sufferers as an ageing process. Following the advent and time bound effective management of Leprosy by Multi Drug Treatment, ocular leprosy is in decline nowadays. Still there are cases with Lagophthalmos with its complications which requires constant supervision and proper management. However Cataract Surgery with Intra Ocular Lens Implantation for Senile Cataract (! even Complicated) amongst After Care Leprosy Sufferers are done in all hospitals with good visual recovery



IAL ANNUAL GENERAL BODY MEETING & Eighth National CME of Session 2015

S N Medical College, Agra, UP ● Date : 09th. October, 2015
(AGBM from 8.00am to 9.30am & CME from 10.00am to 2.00pm)

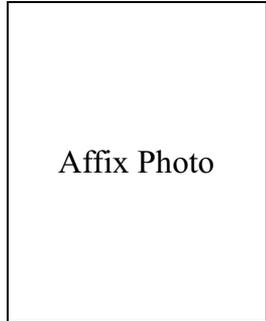
Organising Secretary :
Dr. Srikanta Tripathy, MD
Director, CJALMA & other Microbial Diseases' Miyajuki Road, Tajgunj, Agra, UP
Tel :09258044406, Email : directorjalma@gmail.com





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E – Mail ID _____

Medical Registration No. _____

Academic Records, Experiences and Awards :

Degree / Designation / Award	YEAR	Institution, City / Organisation

.....
Signature of Introducer (A member of IAL)

Name: _____

Date: _____

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Signature of Applicant

Date: _____