

LEPROSY IN AFGHANISTAN

A PRELIMINARY STATEMENT

BY HARTMAN A. LICHTWARDT, M.D., F.A.C.S.

American Christian Hospital, Meshed, Persia

In Afghanistan, which is a sunny, high, mountainous country with a very limited rainfall, leprosy has been endemic for many years. More than three centuries ago "Joseph, son of Muhamad, son of Joseph the doctor", described it in his book *Therapeutics of Joseph* (1), written in Herat, in 917 A.H. (1511 A.D.). In this description it is called *juzahm*, which is the term still in common use for leprosy in both Persia and Afghanistan, and is classified under "cancer", it being stated that it is sometimes called "cancer of the entire body". He pictures the disease as characterized by lesions of a dark red color, the appearance of nodules in various parts of the body, hoarseness of the voice and much sneezing, with closure of the nostrils. His treatment is very limited, and typical of the therapy of the time; it involves venesection and the administration of a decoction of "dodder of thyme," a characteristic shotgun mixture of some fourteen ingredients.

In the literature available I can find no further references to leprosy in Afghanistan, it being merely mentioned by Rogers and Muir (2). However, there is no reason for not believing it to have been endemic in that land for many centuries.

Nevertheless, there is very little of it among the Afghan tribes themselves. In thirteen years of practice near the Afghan border I have examined nearly two hundred lepers from Afghanistan, and have seen only one case in an original Afghan. The other lepers from Afghanistan have been from the Berberis tribes—roving nomads of Mongolian extraction, with slanting eyes, yellowish skin, and high cheek-bones. It is probable that they originally entered Afghanistan from Turkestan or from Tibet, coming across Kashmir. They have lived in this land for centuries, and their diet and general mode of living are very much the same as that of the other Afghan tribes.

One wonders, therefore, why these Berberis are particularly subject to this disease, when other Afghans are not. It is probably

due to some racial decrease of resistance. Repeated contact alone is not sufficient explanation since many of the cases are isolated ones, with no family history of the disease nor any history of the disease in the village or local tribe. A corresponding racial distinction is noted in Persia, where we find lepers only among these same Berberis from Afghanistan and Turks from the Western provinces of Persia (3). I have noted only five cases of leprosy among original Persians, although there have been several seen among Kurds, who also came originally from the western provinces.

On a brief visit to Afghanistan a short time ago I discussed the matter with the various officials and the one doctor whom I met. No definite statistics are available regarding the actual number of lepers there, but from the information which I have received I should estimate that there are probably 0.5 per mille.

It is evident that these Berberis lepers are found throughout the country, but as yet the Afghan government is doing nothing to eradicate the disease or even to treat the cases. A few of them go to India for treatment and many come here to Meshed, as this is a sacred city, a pilgrim center, and they can secure the merit that comes from worshipping at a celebrated shrine at the same time that they receive their medical treatment. All medical work in Afghanistan is still in its infancy, and it is too optimistic to hope that much will be done for the lepers within the next decade or two. Nevertheless, some sort of co-operative work possibly may be started, such as is being carried on at Meshed (4).

The lepers from Afghanistan who come to us for treatment are usually in the advanced stages of the disease, and their treatment is, of course, a long drawn-out affair. In the majority of the cases the *Mycobacterium leprae* can be demonstrated, and in at least two-thirds there is both neural and cutaneous involvement. The patients are housed in the local leprosarium here, under conditions which are far from ideal but which are a great deal better than those under which they previously lived. However, each year sees an increasing number of early cases with favorable prognosis.

REFERENCES

- (1) LICHTWARDT, H. A. Urol. and Cutan. Rev. (1925) 246.
- (2) ROGERS AND MUIR. Leprosy. John Wright and Sons Ltd. (1925) 35.
- (3) LICHTWARDT, H. A. Lep. Rev. (1930) 14.
- (4) LICHTWARDT, H. A. World Dominion. (1929) 29.