

CHAPTER-II

CHAPTER : II CONCEPT OF HEALTH, HEALTH CARE & LEPROSY

"Health is wealth", goes the adage. This concept of health and the concern for health promotion has been enmeshed in Indian ethos. 'Arogya' or 'Health' was given prime importance in the daily life of the individual. The concept of health as conceived in Indian philosophy is not merely the absence of disease, it included physical, mental, social and spritual wellbeing. The cherished desire has been 'SARVE SANTH NIRAMAYAHA' meaning 'Let all be free from disease-let all be healthy' which clearly reflect the concern for health of the society. There is evidence to show that this concern was translated into practice in India even as early as in the Indus valley civilization, five thousand years ago.

There were well - developed environmental sanitation programmes, such as underground drains, public bath in cities and so on, The life-style too was conducive to health promotion and in the advocated daily activities of life called 'DINA CHARYA' essentials of health care like health education, personal hygiene and habits, excercise, dietary practices, food and environment sanitaion, code of conduct and self - discipline, civic and spiritual values, treatment of minor ailments and injuries etc were emphasised. In 'AYRUVEDA' of 'Science of life', no doubt,

one finds emphasis on health promotion and health education. The importance of 'Social health' was underscored by Virchow as early as in 1849 when he wrote, "Medicine is a social science and politics is medicine on a large scale". But his ideas were far too ahead of their time. In 1911, the concept of social medicine was revived by Alfred Grotjahn (1869-1931) of Berlin who stressed the importance of social factors in the aetiology of disease, which he called "Social pathology". Others called it geographical pathology and population pathology.

It has now been recognised by the WHO that "health is fundamental human right" and that "health which is a state of physical, mental and social well - being, is not merely the absence of disease or infirmity". Its realisation calls for action of many other social and economic sectors, besides the health sector. Hence essential health care is based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the country.

Thus sound health means control and prevention of disease. Usually disease which are considered to be serious menace to public health are included in the list of notifiable disease. Along with many diseases, viz., malaria, tuberculosis, AIDS etc., leprosy continues to be a serious challenge in most developing countries, contributing significantly to the physical and social

disability of the affected patients. It is one of the major public health problems of developing countries and is well known for the strong stigma associated with it. The treatment of leprosy sufferers throughout history is one of the darker examples of man's inhumanity to man. In spite of the considerable enlightenment and information about leprosy available today the fear and prejudices regarding leprosy and the leprosy patient remain to a large extent ingrained and persistent. This is therefore still one of the most trying diseases that man has to endure.

The principle of reducing the load of infection in society is to break the chain of infection which is the corner stone of leprosy control work today. Thus, one of the best experience in leprosy work is to see how many people from various fields are willing to make their contribution towards freeing mankind from this scourge. Various researches in medicine and allied sciences have given details regarding the clinical aspects of the disease. But the environmental and social aspect of occurrence and spread of the disease are yet to be adequately defined systematically. This fact was highlighted at the XIII INTERNATIONAL LEPROSY CONGRESS held in the Netherlands in 1988. Although some of the human sciences, viz., medical anthropology, medical sociology, health psychology and medical history have also contributed towards tackling the problems of leprosy, each of these disci-

plines has a limited perspective and hence cannot visualise the subject matter in its totality. So far leprosy has not been a major interest for a medical geographer. The present study is an attempt to illustrate how the geographical viewpoint can help in understanding the problem of leprosy and thereby provide the planners and policy makers with an insight into the problem at the grassroot level.
