

But it will take time for us to trial this drug at every level, generating data to pass through all the regulatory standards and checkpoints required for international drug approval. In all, it could be mid-way through the 2020s, or even later, before it is ready to be used clinically.

With every ENL patient that walks through the door, there is a definite urgency to see change happen; and there are real reasons for hope.

Please remember to pray for us as we go about our work and pray for the patients we are trying to help out of dire situations. Thank you for all your support and God bless you!

“And let us run with perseverance the race marked out for us, fixing our eyes on Jesus, the pioneer and perfecter of faith.”

— Hebrews 12: 1-2



We give thanks to God for Hazel – 100 this year!

During the 1940's, Hazel Capewell was a Royal Australia Airforce corporal serving as a wireless/telegraphist operator in Melbourne, Townsville and Cairns. She knows what it is like to suffer from a tropical disease — she's had dengue fever, twice! After the war, Hazel worked as a costing clerk, dressmaker, and music teacher as well as caring for her husband and children. Hazel visited the McKean Centre in Thailand a number of times and served through The Leprosy Mission Cheltenham (VIC) Auxiliary until its closure. She has fond memories of many Leprosy Mission staff and volunteers both in Thailand and Australia. Hazel credits her long life to her positive attitude, being strong-willed and keeping active. She attends exercise classes and enjoys knitting for charity. She also belongs to two churches.

Happy birthday Hazel and thank you for your service to the mission and people affected leprosy around the world. God bless you!

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The Leprosy
Mission
Australia

**Keeping
in
Touch**
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Thank you for praying for people like Bharti while they tackle the worst leprosy has to offer.



By Tim Burton-Jones
SENIOR OFFICER, COMMUNICATION
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You are providing her with God's love as she battles the worsening symptoms of leprosy reaction. Your prayers provide her with the comfort she needs. Thank you for your compassionate heart.

Suffering high fever and pain, Bharti returned to Anandaban hospital for further treatment. A widow for 3 years now, 28-year-old Bharti has had to leave her two young children with her in-laws.

Bharti took her Multi-Drug Therapy tablets (the cure for leprosy) for one year. But, for two years before her diagnosis she was losing the feeling in her hands and feet. She developed skin nodules on her face and body. She dislikes going out and mainly stays at home. She is afraid of how people will treat her because of the marks on her face. She has seen people with leprosy badly treated before.

Your kindness in upholding in prayer those that the world rejects is such a blessing. Thank you.

As you may know, if spotted and treated early, leprosy is curable. It need not have serious consequences for the patient. But, if not treated early, the number of bacteria can build up in the body.

It can build up so high that even after antibiotics; bacterial residues can remain for years. These residues extend the risks of inflammatory episodes, called leprosy reactions. This is a common cause of nerve damage and the development of disability. It can cause foot drop, clawed hands or a collapsed nose. Worse still, it can lead to the loss of toes and fingers, eye damage, and pressure ulcers.

Please continue to pray for people affected by leprosy reaction. Pray for healing and peace for their body, mind and spirit.

I recently asked The Leprosy Mission's Senior Research Advisor, Dr Deanna Hagge about the current situation on leprosy reaction. Dr Deanna told me, *"It's horrible, just horrible. It's the worst kind of reaction that a leprosy patient can experience. When sitting in my office in Anandaban, I have heard men sobbing in pain because their skin is so inflamed that even taking a blood sample is agony. I know of a man who spent two years in extreme pain going from doctor to doctor before he arrived at Anandaban."* (Where he then received proper diagnosis and treatment).

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Leprosy reactions occur in up to 30-50 percent of all leprosy patients at some point before, during or after antibiotic treatment. Reactions are an unpredictable, sudden shift in the immune system's response to leprosy. White blood cells in the body suddenly change in how they respond to leprosy bacteria. If there are not many leprosy bacteria in the body, often Type 1 reactions develop.

Type 2 Reactions, or ENL, develop in cases with the highest levels of leprosy bacterial load; which means white blood cells have not restricted bacterial growth much or at all for many years. When ENL develops, the whole body develops symptoms. Patients have a fever and incredibly inflamed skin lesions all over their body. They can experience severe pain in their skin, bones, muscles, eyes and/or testicles. Due to this variety of symptoms, they often experience delays in diagnosis because health providers are not familiar with leprosy and suspect other diseases.

Approximately three quarters of leprosy reaction patients develop chronic symptoms and require more than 6 months of treatment and half of ENL cases require up to 18 months of treatment to stop having their first reaction. One Anandaban patient's ENL episode lasted 7 years. Half develop multiple ENL episodes. Most are in and out of hospital for years, with an average of 3 years of total drug treatment.

"There's lots of problems we need to address with regards to ENL but two big problems are: one, finding a treatment that works and doesn't cause serious

side effects; and two, how we can stop ENL from devastating people's lives."

Long-term use of corticosteroids in treating leprosy reactions can lead to serious side effects such as blindness, diabetes, joint and bone problems and even death. In a study in Ethiopia of 99 ENL patients, eight patients aged between 19 and 45, died. **Please pray we find better treatments for reaction so that patients won't die from complications of leprosy.**

Even for patients who survive, this long-term treatment is causing enormous problems. It takes half of patients up to 18 months to get over their first ENL reaction. Imagine being away from your home, your family, your work for that length of time. That kind of interruption is devastating in a person's life. A London School of Tropical Medicine and Hygiene study in partnership with The Leprosy Mission suggests that an ENL reaction is likely to cost a patient's household around 40 percent of their income. Not only do these patients have to sit in hospital, experiencing a prolonged and incredibly painful illness, they have to do so while knowing that their family is being buried under catastrophic economic failure.

Please pray we find better treatments for ENL so that we can stop patients, and households and generations from being thrust even deeper into extreme poverty.

Thank you for your faithful prayers and support.



Leprosy can have severe physical affects on different parts of the body (pictured above).

URGENT: Please pray ENLIST makes breakthroughs in the treatment of leprosy reaction!



By Dr Deanna Hagge
SENIOR RESEARCH ADVISOR
THE LEPROSY MISSION

ENLIST is a group of specialists including doctors from The Leprosy Mission hospitals in India, Nepal, and Bangladesh, as well as experts from Brazil, Sri Lanka, Ethiopia, the Philippines, another Indian partner, and myself. These specialists have been brought together through Dr Steve Walker and Dr Diana Lockwood of the London School of Tropical Medicine and Hygiene to look at the issue of Type 2 Reaction (ENL).

It is very important for us to work as a global partnership because it's almost impossible for any one site to perform a large, comprehensive study. Through ENLIST, we can design and conduct ENL studies that need to happen, involving expertise from around the globe.

Through Leprosy Research Initiative funding, we've been able to develop an ENL Severity Scale to grade 10 major symptoms of ENL. This provides a global tool for measuring and comparing ENL patients to each other, understanding how symptoms change with treatment, and allowing us to classify a patient's condition as mild or moderate-to-severe ENL.

This severity score is a really important starting place, because now we have a method of testing new ENL treatments and getting an accurate assessment of how well they are working.

We are now using this tool to conduct a trial which will see us combine Prednisolone with another drug called Methotrexate. The hope is that, by using the two together, we can slowly wean a patient off Prednisolone. This may be possible for some but perhaps not for very severe ENL cases.

We are also at the very early stages of looking at whether an entirely new drug (so new that it doesn't yet have a name) could be used to treat ENL. The early results are hugely promising and suggest we may be able to treat ENL with perhaps only a month of drug treatment with no major side effects. That would be revolutionary! One of the patients in the trial felt so good after treatment, that he did not want to take time from work to come in for a follow-up appointment. While this was not a positive for the study, it reminded me that this is what we want for our ENL patients. To receive short, effective treatment such that returning to the doctor's office is truly unnecessary.



Durga (left) has been a long-term patient at The Leprosy Mission's Anandaban Hospital, Nepal. Durga is happy she is now on the road to a full recovery at The Leprosy Mission's Anandaban Hospital, Nepal.
"I always pray to God to be healed, and to have a better life." — Durga