

Buddhism and Hansen's Disease

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Introduction

IN 1996, the Leprosy Prevention Law was repealed. However, the discrimination and misconceptions surrounding leprosy still persist and are now even spreading to a variety of illnesses and towards the ill themselves. This can be clearly seen with AIDS and the panic over avian influenza, SARS, and other infectious diseases. A look at the history of leprosy in Japan reveals that there were two factors that gave rise to misconceptions about the disease: One was the medical field, which espouses the ideals of science, and the other was Buddhism, which claims to be a way to know spiritual truth. I will consider these problems briefly in the paper below.

Buddhism and Discrimination

Buddhism teaches that old age, illness, and death are unavoidable consequences of life that must be experienced equally by all. Starting from the premise that life itself is suffering, Buddhism also shows us a path to transcend that suffering. In Buddhism, illness is not seen as a fixed, unchanging phenomenon, but simply as an expression of life—a view drawn from a deep recognition of the true nature of our lives. Life and the forces that undermine it both arise in a cause and effect process. In Buddhist thought, these shaping forces are called karma. However, karma is not a fixed entity but is the support structure of life—indeed, the very building blocks of life itself.

If we view illness as a natural part of life and an expression of the workings of karma, there should be no accompanying feelings of fear or repulsion

regarding it. However, it is our nature to think in rigid ways with a mind of discrimination (*funbetsu* 分別). Thus, the concept of karma has also been misunderstood as being simply an illness-causing force that undermines life. This led to leprosy being explained as a “karmic illness” (*gō-byō* 業病), i.e., a disease caused by karma from a previous life.

According to Buddhism, our fear of suffering drives us to avoid pain and seek pleasure. Although we consider pain “unfortunate” and pleasure “fortunate,” these concepts do not actually exist—they are simply how we choose to accept our circumstances. Nevertheless, we often label illness as “unfortunate” and incurable illness as even more so. Buddhist teachers who have explained the functioning of karma as if it were a substantial, fixed entity and our fear of suffering from illness have played a major part in creating the mistaken attitudes towards leprosy.

Infectious Disease and Contagious Disease

Rai-byō らい病, a word for leprosy that often has negative connotations, was renamed Hansen-byō ハンセン病 (Hansen's disease) after it was discovered that it is an infectious disease caused by the bacillus *Mycobacterium leprae*. Until that time, *rai-byō* was often discriminated against as being an unusual disease. The renaming of the disease was an attempt to change the discriminatory term *rai-byō*—which had been called *gō-byō* or *tenkei-byō* 天刑病 (divine punishment in the form of illness)—into a medical concept based on modern science. However, we must re-examine whether it succeeded in that regard.

Although infectious disease and contagious disease are similar terms, there is a crucial difference in their connotations that must be considered. While the term “infectious disease” is a medical term that refers to illnesses caused by microorganisms, the term “contagious disease” has traditionally been used to refer to highly-feared terrifying epidemic diseases that spread quickly from person to person. Plague, tuberculosis, measles, smallpox, etc. were labeled as contagious diseases and have long been feared. However, as it became apparent through research that microorganisms such as bacteria and viruses spread disease, these highly-feared contagious diseases were found to be no different than ordinary contagious diseases. It was also clear from research on contagious diseases that spreading is not a hundred percent certainty—some spread more quickly while others hardly at all. It thus became a difficult task to differentiate between infectious disease and contagious disease.

Although contagious diseases do not always become epidemics, most Japanese leprosy specialists in the past strongly urged quarantine for patients in the belief that leprosy had the potential to become an epidemic. This was nothing more than a superstition under the guise of science. The presence of this superstition is clearly shown by the fact that, before the 1995 statement by the Japanese Leprosy Association, there had been no leprosy specialists who publicly raised objection to the quarantine policy, even though it was fully known that leprosy was not at all contagious under normal conditions.

The 1995 statement that, “We have no right to trample on those who staked their lives in their conviction that quarantine was the best policy for overcoming *rai-byō*” clearly expresses respect for Mitsuda Kensuke 光田健輔, a doctor who advocated the quarantine policy. The statement also makes no mention of Ogasawara Noboru 小笠原登, a doctor who continually asserted that Mitsuda’s faith in the quarantine policy had no medical evidence to back it up. This was because Mitsuda’s conviction in the legitimacy of the quarantine policy had been deemed rational. Because there are bacteria, leprosy is an infectious disease, and because bacteria can spread, leprosy is also a “contagious disease” —this conclusion is rational, yet it is not at all scientific. Rational reasoning does not always explain reality. Those who put their faith in modern Western science, with its reliance on experiments and hypotheses that can be proven in the laboratory, mistakenly believe that reality can be explained by simply extracting cause and effect.

Ogasawara was a strong opponent of the contagious disease theory concerning leprosy. He argued that, based on what is known about the disease, each person’s body type—what we would now call the patient’s ability to heal and their level of immunity—is an important factor that must be taken into account when studying the onset and treatment of leprosy. The Japanese Leprosy Association refused to listen to Ogasawara’s opinions, and it still clings to its theory that infectious diseases are contagious diseases.

After the Leprosy Prevention Law was repealed, the *Nihon Rai-byō Gakkai* 日本らい病学会 (Japanese Leprosy Association) changed its name to the *Nihon Hansen-byō Gakkai* 日本ハンセン病学会. On the website of its seventy-eighth Annual Meeting, it states the following:

Hansen’s disease is a chronic infectious disease caused by the bacillus *Mycobacterium leprae*, and is, without a doubt, an infectious disease . . . However, the disease-causing bacillus *Mycobacterium leprae*, although similar to the acid-fast tubercle bacillus that causes

tuberculosis, presents much less of a problem because only a small number of cases of infection result in illness. Nonetheless, there are cases in which repeated contact from infancy can result in infection and onset of illness. These cases are, however, limited to those who have a low immunity to the *Mycobacterium leprae* bacillus. Also, even in patients in whom the disease has occurred, the disease is sometimes naturally alleviated and cured.

It is believed that Hansen's disease is caused by "concentrated" contact with disease-causing bacteria. The past practice of disinfecting areas where patients have been, or carefully disinfecting or disposing of objects patients have touched is unnecessary. Except in extraordinary cases, even patients receiving treatment in treatment centers are free to go out and interact in society.¹

It is emphasized in the above statement that Hansen's disease is contagious, which means that it can be transmitted from person to person. However, I have never heard of an actual case in which doctors or other medical staff at a leprosarium were infected and became ill. There is the case of Father Damien, but it is not certain whether he caught the disease from another infected person or not. The fact that Hansen's disease was considered an illness due to past karma shows how mild the disease actually is. In fact, it was not even thought of as being a contagious disease until the arrival of modern Western medical science.

The Association's website also states that, ". . . there are cases in which repeated contact from infancy can result in infection and onset of illness." Since it is not understood how and when someone gets infected with the *Mycobacterium leprae* bacillus in the first place, what line of reasoning are they following to be able to make such statements so assertively? Also, it is stated that "concentrated" contact with the bacteria can cause infection, but how much contact suffices as "concentrated" contact? The wording used by these doctors seems, at first glance, to be based on science and logic, yet is far from being scientific. It is simply a form of scientific delusion fueled by scientists themselves. The reasoning of such people in the medical field—people who cannot distinguish the difference between contagious and infectious diseases and place these concepts into a framework for scientific research—is the result of the sciences having been accepted as a form of

¹ From the website: <<http://www.hosp.go.jp/~matuoka/gakkai/diseaseinfo.html>> (15 April 2005).

almighty technology since the Meiji period. And even after *rai-byō* had been renamed Hansen's disease, it was still presumed to be a contagious disease to be dealt with by quarantine. This way of thinking is exemplified by Doctor Saigawa Kazuo 犀川一夫, who has been practicing outpatient care for some time in Okinawa for Hansen's disease sufferers. Even after all his years of experience, Saigawa told me in a conversation that he felt the quarantine policy had been effective.

In Conclusion

Above all, Buddhist philosophy aims at understanding the nature of existence within the phenomenal world by avoiding viewing phenomena as fixed and permanent. This understanding gives one the strength to accept things as they are, without being led astray by fear or the desire for survival. However, accepting things as they are does not mean to become passive. Rather, it entails actively seeking out ways to work towards our enlightenment. Applied to leprosy, this means having the wisdom not to try desperately to wipe out the disease, but to find ways we can deal with it.

Medicine is a science because it recognizes facts as they are and searches for ways to deal with them. But when medicine seeks to avoid the facts and looks on illness as something to be avoided, it becomes desperate in its struggle to eradicate illness. The desire to completely wipe out leprosy is representative of this way of thinking. Even today, there are people in the medical field who advocate campaigns to wipe out new diseases, such as cancer, etc. This desire to eradicate illness is based on the delusion that science is almighty and is evidence that we still have not found sufficient ways of treating illness.

Ogasawara comes to mind as a fine example of a doctor who combined medicine and Buddhism. Without being misled by blind faith in medical science, he used a Buddhist approach to correctly determine the facts about leprosy. He then used his knowledge and practice of medicine to find a way to deal with the reality of this illness. We must not forget the sterling work he did despite the opposition of the Japanese Leprosy Association.

We have seen how the two misconceptions about Hansen's disease—namely, that it is an illness due to past karma and that it is a contagious disease—were caused by a mistaken view of the teachings of Buddhism and by replacing desire for scientific knowledge with blind faith in the power of science.

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The fine example of Ogasawara, a Buddhist and doctor who single-handedly showed us a way to avoid these pitfalls, makes evident the potential wisdom can have when applied correctly. It seems that for him, Buddhism and science are complementary fields, each clarifying and refining the other. Ogasawara's approach shows us a way to overcome both the blind faith and self-righteousness that modern science has fallen into and the escapist and idealist tendencies of Buddhism.

(Translated by Adam Catt)