

THE BIBLICAL UNDERSTANDING OF SKIN DISEASES, REPULSIVE RARE PATHOLOGIES AND SLATTERN DISEASES. ROMANIAN MEDICAL, EPIDEMIOLOGICAL AND SOCIO-POLITICAL ASPECTS

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Summary

On 12 November 2016, the Holy Father Pope Francis sent his cordial greetings to the participants at the XXXI International Conference organized by the Pontifical Council for healthcare providers (for the Pastoral Health Care) about rare pathologies. The conference topic: "For a joint welcoming culture of health, in the service of people affected by rare and slattern diseases"¹. The conference aimed to recognize the current bioethical and medical conditions as well as to find and re-launch practical interventions in healthcare, whose values are based on the respect for life, dignity and patients' rights together with the joint welcoming commitment and the achievement of curative strategies determined by sincere love towards the suffering person. Medicine was regarded as the priests' preserve and remained, in part, similar to magic. The start occurred with the Greeks' spirit of observation and medicine autonomously developed as a positive science. All the participants were recollecting the act made by the current Pope Francis, on 6 November 2013, when he wholeheartedly embraced the 53-year-old Vincio Riva suffering from genetic neurofibromatosis in St. Peter's Square in Rome. In this paper we will approach the following aspects: the biblical understanding of repulsive skin diseases, generically called leprosy, and we will deepen the concept of purity (pure-impure) as necessary provision in healthcare and finally, we will present the Romanian current medical casuistry, medical, epidemiological and sociopolitical issues regarding the treatment and social integration of such patients affected by rare and slattern diseases.

Key words: disease, purity, social, responsibility, body.

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The Holy Scripture and Repulsive Skin Diseases

The Bible [1] repeatedly uses different names regarding several skin diseases, particularly contagious. In this category of repugnant diseases we find, under the same name, the leprosy itself. *Nega'* is the term [2] and it first designated the wound, shot, reaching to designate the mildew on the garments and walls: "If the priest came and saw and if the bright spot had not

spread after the house was plastered, the priest shall pronounce the house clean because the stain is gone" (Lev 13.48). The Law of the Old Testament was specifying the excluded of the sick people from the community until recovery and ritual purification, accompanied by a sacrifice (Lev 13-14). Leprosy is considered the wound par excellence used by God to strike the sinners (*naga'*), and Israel was often threatened by it (Dt 28.27 to 35). The Egyptians were hit by it (Ex 9.9), Miriam (Num 12.10 to 15) and Uzziah (2Chronicles

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¹ In Romanian, the precious translations (www.ercis.ro) preferred „slattern” instead of „neglected”. What could be more „slattern” than the disease?

26.19 to 23) too. Consequently, this category of repulsive diseases became a seal of sin. In terms of curing these diseases, the Bible mentions natural causes but it also reminds us about the Naaman's miracles in the waters of Jordan: "Then he went down and dipped himself in the Jordan seven times, following the man of God's word. His body became as that of a little child and he was clean" (2RG 5.14), highlighting the sign of the divine benevolence and prophetic power. In case of Jesus who heals the lepers, we read how He heals and integrates people in the community: "Seeing them, He told – Go and show yourselves to the priests!" (Lk 17.11 to 19), taking the sickness and sin upon Himself: "This was to fulfill what was spoken by the prophet Isaiah: He took upon our weaknesses and bore our diseases" (Mt 8,17). Thus, by a miraculous gesture, He separates the disease from the man, achieving that ontological gap between *pure* and *impure*. Today, the debate on bioethics "which revolves around human nature, brings back the discussion on the emergence of a new Adam who would embody the genetically modified version of the first one: a revised man, corrected and improved by himself, cured of the wounds inflicted by the original sin" [3].

Purity (*pure-impure*) as a Provision of Medical Services

Religions developed a common understanding about purity, as an obligation to act within the sacred, a necessary condition of God's image: "Since the Paleolithic until today, the human being manifested its basic structure of *being-fully-sacred* by its *thirst* to live in a real world" [4]. Much later this "thirst" involved the moral virtue opposite to lust. Originally, the concept of *purity* was provided not by moral acts, but by rites and symbols using sex (marital or parental), in order to express the pure relationship between man and Divinity. According to the biblical faith, the creation is fully considered as being good; the notion of cleanliness (*purity*) began to change, slowly becoming *internal* and *moral*. Only then, finally, Jesus Christ showed that its unique origin is the incarnated Word and His sacrifice, "Jesus, who – as Logos – defeated nothingness during the Creation, defeats again the nothingness of our

death, meaning an extinction of the biological life, one by one, of those who come to existence" [5]. *Physical cleanliness*, included in the concept of purity, meant first removing everything that was dirty: garbage – Dt 23,13ss; diseases – Lev 13 2RG 7.3; corpses – Num 19.11, 2RG23, 13s. Such being the facts, separating the clean from the unclean animals "You shall not eat their flesh nor touch their dead bodies: they are impure for you" (Lev 11.8), often derived from primitive practices, could not be explained only through nutrition and hygiene reasons. Defilement was removed by *washing* the clothes and body "The Lord told Moses: – Go to the people and consecrate them today and tomorrow and tell them to wash their clothes; If they do not wash [their clothes] and do not bathe, their body shall bear the guilt" (Ex 19:10; Lev 16:16); by cleaning sacrifices: "Let's kill the lamb in the place where they kill the sin offerings and all the burnings in the holy place" (Lev 13:13), and during the great day of Atonement, as a feast of purification, by sending a goat into the wilderness. This was symbolically taking the uncleanness and even the sins of all the people, "Aaron shall lay both his hands upon the head of the living goat, and confess over him all the iniquities of the children of Israel, all their sins, putting them on the head of the goat and then a certain man to be sent in the wilderness" (Lev 15.21). This somewhat empirical understanding about purity foresees the idea that a separation between body and soul cannot be done yet. As such, man's religious actions, no matter how spiritual, would still remain embodied in a community eager to overcome the natural state of existence forever consecrated to God. Nothing was eaten or touched, or the life-giving forces were randomly used. Today, under the influence of the medical scientific discourse it is talking about *integrating spirituality and religion* within therapy and the *ethical aspects of therapy* of all kinds, with reference to the Code of Ethics. It is spoken about integrity, competence, responsibility, rights, consent, wellbeing etc. enshrining the reality according to which "if the patient is ashamed to show his/her wound to the doctor, medicine does not care what it does not know" [6]. Only then, we can understand the need for professional *cleanliness* as provision in healthcare, by the analogy drawn between the

physician who examines the wound before binding it up and God who through his Word and his Spirit casts a living light on sin.

Romanian Medical Situation and Social Integration of Patients with Repulsive Skin Diseases

The skin is the external organ, the monumental facade of the human body. The eye contact becomes essential in human relationships, so the first impression that we have about a person is related to the appearance of his/her skin, hair and nails. In the artistic representations of beauty, the human body, either painted or carved, has no visible injuries. Instead, the representation of ugliness to the doctor's eye, who is an art lover, skin tumors, ulcers or genetic disorders often occurs [8]. Thus, the differentiation of the two categories of people, healthy = beautiful and sick = ugly, started from the body skin appearance. The disease and skin lesions were long ago associated with natural events or those related to human life and often compared with the objects of the surrounding world. "Steps on snow", "sweet sores", "wine stain," "liver spot", "chicken pox", "venereal disease" are some examples that popular vocabulary defined as dermatologic diseases. Today all over the world, regardless of the degree of civilization and culture of the area, most dermatoses or skin diseases expressions have a specified etiology but, however, the skin lesions stigmatize and marginalize the sick person equally considered as "ugly". Each society, along with its beautiful and healthy conception developed its own analysis about the ugly and sick. There are three categories of patients who are excluded, misunderstood or shunned by the society today and, unfortunately, even by the decision-makers of the medical staff [9]:

a. Those that are believed they may transmit the disease, because it was not treatable centuries ago: syphilis, leprosy, skin tuberculosis, plague, ringworm, dermatomycoses, parasites etc. Meanwhile, antibacterial, antimycotics and antiparasitic led to eradicate or limit the damage of most infectious lesions determined by bacterial, fungal or parasitic microorganism, however, the stigma remained.

b. Those whose skin lesions are unsightly or modify the natural scent of skin and lead to repulsion: skin tumors, eczema, psoriasis, ichthyosis, hyperhidrosis, alopecia etc.

c. Those whose skin lesions express psychological or psychiatric distress. There are two major classes here:

c1. Those with cutaneous expression of some psychiatric disorders: Delusions of disease, dismorfophobias, illusions of pain (glosodinians, vilvodinians), olfactory illusions (bromidroses). Inducing or signs simulation (simulations, patomimias syndromes of painful bruising, neurotic excoriations), or phobias (venerophobias, cutaneous signs of mental anorexia). The psycho-pathological context of most of these patients lead to worsening of minor dermatoses by scratching, scraping or by a compulsive attitude such as the orthoergic dermatitis obsessed by cleaning;

c2. Those dermatoses which involve emotional factors trigger atopic dermatitis, hyperhidrosis, lichen planus, generalized itching, psoriasis, etc.

Taking into consideration the complex way of these patients' integration, we realize that for all the patients the skin changes caused by the disease are taken as true stigmas which make them feel excluded or lose their confidence. [10] One such case is that of a 14-year-old girl with auricular sinus (Coloboma auris) infected and complicated with cutaneous fistula, with an evolution of 9 years. The low level of education and financial means of her family led to ignoring the complaints of the minor patient (strong pre-auricular pain and the presence of smelly purulent secretions), this being sidelined by schoolmates and discriminated as a person with problems of personal hygiene (see photos 1-3).

In case of the disease, perception is different. There are patients with serious changes of their appearance but who relatively live in good conditions because they benefited from a good family environment but who are rejected by the society, or patients who do not accept themselves, and do not want to get out for fear of rejection, but who are accepted by the society. Another negative factor in relationship with the others is the direct or indirect disability that induces the disease: insomnia and fatigue caused by



Fig. 1-3. Congenital auricular fistula before, during and after surgery

nocturnal itching, the functional disability caused by a dermatosis or hyperhidrosis of the hands; the inconvenience of the topical treatments, plural ichthyoses etc., that have an undeniable emotionally and financially impact, factors that determine the decrease of the quality of life index, the increased disability index, the rising in prices of the treatment, or sick leave etc. [11].

Rare diseases represent a public health problem in our country both due to a lack of national programs and specialized centers to assist the patient's family and to financial implications. Two such diseases are described by congenital ichthyosis and epidermolysis bullosa. It is the case of a 3-days newborn hospitalized in the ward for newborns at the Emergency Hospital in Galați. On examination, changes in facies with ectropion, hyperplasia lower nose and microtia as well as the lip eversion have been noticed. The skin presented a colloidal membrane partially detached from the flexion folds and anterior thorax on the trunk and limbs. The baby was born at term and there were no similar cases in the family. After 21 days, the colloidal membrane partially detached evolving to lamellar ichthyosis. The disease is very rare, with a frequency of 1:50000-1:100,000 newborns [14]. The treatment consists of supportive care, the

administration of emollients for the skin, of analgesics and steroids to reduce inflammation or artificial tears to prevent corneal lesions, while the treatment is done lifelong with important costs (see photos 3-4)².

Epidermolysis bullosa is another extremely rare disease with a frequency in Europe of 5 to 10,000 newborns and it is a heterogeneous group of diseases with fragile skin, characterized by the occurrence of blisters and erosions with a significant morbidity and mortality. Most often the permanent presence of lesions on the skin scare the mother and the family, most of these children being abandoned in maternity or children hospitals (see photo 5, Epidermolysis bullosa of a 3-year-old girl).

Conversely, a common disease in children under 15, with a global prevalence of 300 million people infected, is the scabies – a public health problem worldwide. In Romanian society, there are increasingly common slattern diseases, including scabies. Whether we are talking about pediatric population or the adult's level of education of patients and conditions under which healthcare is carried out, all leave their mark on the pathology evolution. The etiologic agent of scabies is represented by a parasite, *Sarcoptes scabies*, the epidemic of scabies being

² The photos were used by the courtesy of Andreea-Mioara Luca's private archives, MD specialist in plastic and reconstructive microsurgery, Department of Plastic Surgery, Pediatric Surgery Unit, St. John Clinical Emergency Children's Hospital, Galați.

Fig 4-5. Congenital
ichthyosis new
born, 3 days old



caused by crowd, poverty, the delayed treatment in primary cases and low adherence to treatment [13]. An example of this pathology is the case of a 2 year-and 6 months child hospitalized in the emergency unit of St. John Children's Hospital in Galați with a second-degree burn done by hot liquid on 10% body surface and who presented scratching lesions on the trunk and limbs. After the anamnesis, it appears that the whole family, which counts 10 members, had this same injury, with an evolution of 2 months. The lack of regular medical checks within crowded communities in Romania, especially in rural schools and kindergartens, lead to a delay in diagnosis or treatment and especially to the spread of the disease, as in the previously presented case.

Our research in Romanian specialized publications show no articles or meta-analyses regarding any link between patients with repugnant conditions and their social environment, or articles with regard to handling the cases of these patients by medical decision-makers. In our country, there are neither accurate records of these diseases, even statistically to determine the percentage of disease in the general population, nor any standardization of the therapeutic act. It would be useful to have, as in high-income countries, real-time statistics about the prevalence of syphilis, leprosy, tuberculosis, anthrax, cutaneous tuberculosis, skin tumors or psoriasis. Statistics about these

patients who visited a doctor within the Romanian public or private medical system would prove useful. We illustrate this by two charts that highlight the usefulness of statistics in medicine (chart I and II).

The accuracy of such data would enable direct and indirect calculation of prices, (medicines, examination, medical leave or certificate of disability), so being able to assess the cost of training the staff for psychological helping and social reintegration of these patients.



Fig 6. Epidermolysis bullosa, 3 years old female patient

Graph 1

Skin Disease Deaths, United States, 2006	
Disease	Deaths (n)
Cancers	12,301
Melanoma	8,441
Genital	1,126
Lymphoma	91 ^a
Other Cancers	2,643 ^a (primarily basal and squamous cell carcinoma)
Ulcers	1,496
Infections	1,793
Bullous disorders	269
Other causes	304
Total	16,163

We estimate that approximately one-half of keratinocyte carcinoma deaths are misclassified cell carcinomas arising from mucosal surfaces in the head and the neck and that cutaneous lymphoma deaths are underestimated by a factor of 2.

Graph 2

New Cases of Selected Reportable Diseases in the United States								
	1940	1950	1960	1970	1980	1990	2000	2008
Acquired immunodeficiency syndrome	NA ^a	-	-	-	-	41,595	40,758	39,202
Anthrax	76	49	23	2	1	0	1	0
Congenital rubella	-	-	-	77	50	11	9	0
Congenital syphilis	-	-	-	-	-	3,865	529	227
Diphtheria	15,536	5,796	918	435	3	4	1	0
Gonorrhea	175,841	286,746	258,933	600,072	1,004,029	690,169	358,995	229,315
Hansen disease	0	44	54	129	223	198	91	72
Lyme disease	-	-	-	-	-	-	17,730	26,739
Measles	291,162	319,124	441,703	47,351	13,506	27,786	86	132
Plague	1	3	2	13	18	2	6	1
Rocky Mountain spotted fever	457	464	204	380	1,163	651	495	2,276
Syphilis (primary and secondary)	-	23,939	16,145	21,982	27,204	50,223	5,979	12,195
Toxic shock syndrome	-	-	-	-	-	322	135	66
Tuberculosis ^b	102,984 ^c	121,742 ^c	55,494	37,137	27,749	25,701	16,377	9,795
US population (millions)	132	151	179	203	227	249	281	304

^a NA = data not available

^b Reporting criteria changed in 1975

^c Data include newly reported active and inactive cases

Adapted from Weinstock MA, Boyle MM: Statistics of interest to the dermatologist, [12].

These people’s distress measurable to a lesser extent by standardized techniques makes the index of life and health quality to be differently assessed depending on age, sex, cultural level and access to medical care and as a consequence these patients may require personalized treatment. “Evidence-based medicine” is the basis of personalized care and the decision-makers’ training must be highly proficient, involving a high cost factor. Worldwide, there are

specialized educational centers and foundations which train the staff for *customized care* of that category of patients mentioned in our article, but obviously it would be useful that such medical system to be able to be organized in our country too. In our society, where the available finances assigned to the medical sector are restricted and where the aesthetical, psychological or relational aspects are not considered as medical emergencies, patients do not benefit from the

minimum health professionals and are not entitled to compensation for their medical services and medicines by the Insurance House. The socio-occupational effects of repugnant diseases are intrinsic. These patients cannot find a job or they may lose it, they cannot find a partner or they lose him/her, in addition to the financial hardship added to their distresses inside a closed vicious circle. So far, we can only propose the solution of a comprehensive care, which in the name of the spiritual perfection of creation, to watch the person as a whole body, mind and immortal soul. It does not mean that the distress is readily accepted. The disease remains a test and it is an act of love to help the sick to bear it by visiting and comforting them.

Conclusions

In this article entitled "The Biblical Understanding of Skin Diseases, Repulsive rare pathologies and Slattern Diseases. Medical-epidemiological and socio-political Romanian Aspects", we provided an inforamatory analysis on repugnant skin diseases and rare, slattern pathologies, useful both to faithful and the unfaithful people. We have also come to a biblical understanding of diseases generically called *leprosy* and we have deepened the concept of *purity* (pure-impure) as necessary provision of medical services. Not unimportant is the role for health professionals and the need for comprehensive care to watch the person as a whole. In this respect, we introduced a useful medical casuistry of a Romanian county hospital. It is necessary that the human, psychological, social, and spiritual support for the family of the sick person to join the healthcare. The medical act must be viewed and understood through each decision-maker moral action to commit the

common good. While scientific research multiplied the possibilities for prevention and healing, it is important to talk about full health, which includes the vision of the human being bearing the same "image and likeness" as a unity of body, mind and immortal soul. These elements cannot be separated because there is a single person. At this point the "dialogue between positivist sciences and humanities, which facilitates the communication between medicine, bioethics and biotechnology in an easier way for both disciplines and strengthens their mutual support" must be found [15]. When a man is suffering, this does not affect only the bodily size of that person, but the whole person, which must therefore receive an integrated care. "By respecting the person, the physicians are committed to a high value in their search for remedies to meet the expectations and hopes of several patients in the world" [16]. If we were only to define *public health* as: *a science of preventing disease, of prolonging life and promoting physical and mental health through community effort to keep the environment healthy, of controlling infections, of educating the population on an appropriate personal hygiene, of organizing the medical and nursing system for early diagnoses and treatments as well as the development of the social machinery, so that every member of the community to have a proper standard of living that would allow him/her to keep fit*, and we could apply this definition even to "stigmatized" patients, we would then avoid past mistakes. The fraternal empathy with the sick is the solution which makes us aware of the true beauty of human life, even including its fragility, so that we can acknowledge the dignity and worth of every human being in any condition he/she may be, from birth to death.

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Conflict of interest
NONE DECLARED

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