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The Application of Lion Character and Al-Majdhūm as Strategic Issues in Controlling Hansen's Disease in The Muslim Community

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Abstract

Background: Hansen's disease has remained a complex public health problem in Indonesia. Exploring integrated strategic issues of Islam-medicine-socio-culture is crucial for the disease control program.

Objective: This study aims to identify strategic issues to be integrated into the program within the Muslim community.

Methods: This qualitative study used a phenomenological approach with the triangulation model of Islam, medical sciences, and socio-culture. Data were obtained through in-depth interviews with participants: health workers, Islamic religious and social sciences teachers in Gambut District, Banjar Regency, South Kalimantan Province.

Results: The study showed that the lion character and al-majdhūm can be integrated into Islam, medical sciences, and socio-cultural issues. The lion character is associated with an infectious form of the disease. Al-majdhūm is related to the disabilities due to the neglected disease. The issues are strategically important in Islamic teachings for preventing the transmission and complications of the disease. Referring to Hansen's patient as al-majdhūm and using the analogy of the lion is not intended to discriminate or ostracize the patient, but rather to raise awareness that the disease is contagious and can cause serious disabilities.

Conclusion: These two terms can be applied as strategic issues in the disease control program in the Muslim community.

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INTRODUCTION

Hansen's disease (leprosy) is one of the 20 Neglected Tropical Diseases (NTDs). This disease has remained a global public health problem, including in Indonesia, as new cases frequently occur in most countries of the world.[1,2] Indonesia had the world's third-highest cases after India and Brazil. One cause is transmission from untreated patients.[3] WHO is targeting to break the chain of transmission of the disease by 2030.[4] WHO has launched the Global Leprosy Strategy 2021-2030 as "Towards Zero Leprosy" (zero disease, zero disability, and zero discrimination).[1] Achieving the zero target is the main focus of disease control.[5]

Global cases of Hansen's disease have declined after the introduction of multidrug therapy (MDT), but the annual global incidence of new cases has remained stable over the past decade.[3] The new cases in Indonesia were 12,798 in 2023. The new cases remained quite high in several provinces, including East Nusa Tenggara, Southeast Sulawesi, Central Sulawesi, West Sulawesi, Gorontalo, Maluku, and Papua.[6] The new cases in South Kalimantan Province were 146 per 100,000 population in 2024. Banjar Regency had the second-highest new cases in South Kalimantan Province, which were 17 per 100,000 population.[7] In practice, the actual epidemiology of the disease appears to differ from official reports, with the estimated number of cases being 17 times higher than the reported cases. Therefore, the disease has remained a public health problem in endemic areas.[8] Efforts to accelerate the elimination of this disease are ongoing in Indonesia. The Indonesian Ministry of Health has accelerated various control, prevention, and education programs through early detection strategies, mass treatment, and cross-sector collaboration.[6]

Hansen's disease is a very complex disease to eradicate.[8] Controlling the disease requires a multidisciplinary and integrated approach that encompasses medical sciences, socio-cultural sciences, religions, and community values and beliefs.[9] In Islamic teachings, several hadiths relate to the concept of controlling the disease. One hadith recommended avoiding *al-majdhūm* (Hansen's patient) as one would avoid a *lion*.[10-13] This hadith taught the concept of controlling Hansen's disease by analogizing al-majdhūm with the lion.

The above hadith requires a comprehensive and integrated analysis to avoid misinterpretation. However, no literature discusses the issues of the lion and al-majdzum in controlling Hansen's disease through an integrated approach that brings together Islam, medical sciences, and the socio-cultural community. With this approach, the community's understanding of the disease can become complete, enabling them to actively participate in the disease control program.

Based on the description above, the research problem is: How is the application of the lion character and al-majdhūm as strategic issues in controlling Hansen's disease in the Muslim community? This study aims to describe the application of the lion character and al-majdhūm as strategic issues in controlling Hansen's disease in the Muslim community.

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METHODS

This study was a qualitative study using a phenomenological approach. A phenomenological study does not require an absolute minimum sample size. Because it focuses on the depth of meaning in an experience rather than on generalizations, sample sizes tend to be small (ranging from 3 to 15 participants). Sample selection is typically halted once data saturation is reached. The participants were selected using purposive sampling with the following inclusion criteria: Muslim, understanding the Sociocultural Characteristics of the Muslim Community in Gambut Subdistrict (living or working in the Gambut district), and willing to be a research subject. The data was collected through in-depth interviews with three health workers at the Gambut Community Health Center, two Islamic religious teachers, and a social teacher. These health workers are part of the Gambut Community Health Center's leprosy control team, which consists of: a Coordinator of Gambut Community Health Center's P2M & P2 Kusta program who has served for 20 years; a general practitioner who worked as a member of the program for 2 years; and a general practitioner at the Gambut Community Health Center who has been working there for 4 years. One of these Islamic studies teachers holds a bachelor's degree from Al-Ahgaff University in Yemen, where he majored in Islamic Studies. She has been teaching fiqh, usul al-fiqh, usul al-hadith, and usul al-tafsir at the Darul Ilmi Islamic boarding school for four years. Another Islamic studies teacher is a fiqh teacher at MAN 3 Banjar. She has been teaching there for 30 years and has been living in the Gambut subdistrict for more than 50 years. The social studies teacher works at MAN 3 Banjar. He has been teaching there for 8 years and has been living in the Gambut subdistrict for 5 years. The in-depth interview form consists of questions on Hansen's disease from Islamic, medical, and sociocultural perspectives. In-depth interviews were conducted after obtaining informed consent from the participants. The first interview was conducted with the health workers to obtain data on strategic issues of the Hansen's disease control program from a medical perspective. A subsequent interview was conducted with Islamic religious teachers to obtain data on strategic issues in the Islamic religious domain. Furthermore, an interview was conducted with the socio-cultural teacher to obtain data on the socio-cultural aspect. The interview results were recorded, documented, processed, analyzed, and integrated using a triangulation model among Islam, medical sciences, and the socio-culture of the Muslim community (Figure 1).14 In this model, strategic issues related to leprosy from the domains of Islam, health sciences, and sociocultural aspects of society were identified, respectively, by Islamic religious teachers, health workers, and social sciences teachers. These strategic issues were then analyzed using an integrated content analysis by the research team. The results of this analysis were subsequently reconfirmed with the relevant participants. This research has been declared ethically feasible by the Health Research Ethics Commission of the Faculty of Medicine and Health Sciences, Universitas Lambung Mangkurat No. 074/KEPK-FKIK ULM/EC/VI/2025 dated July 31, 2025.

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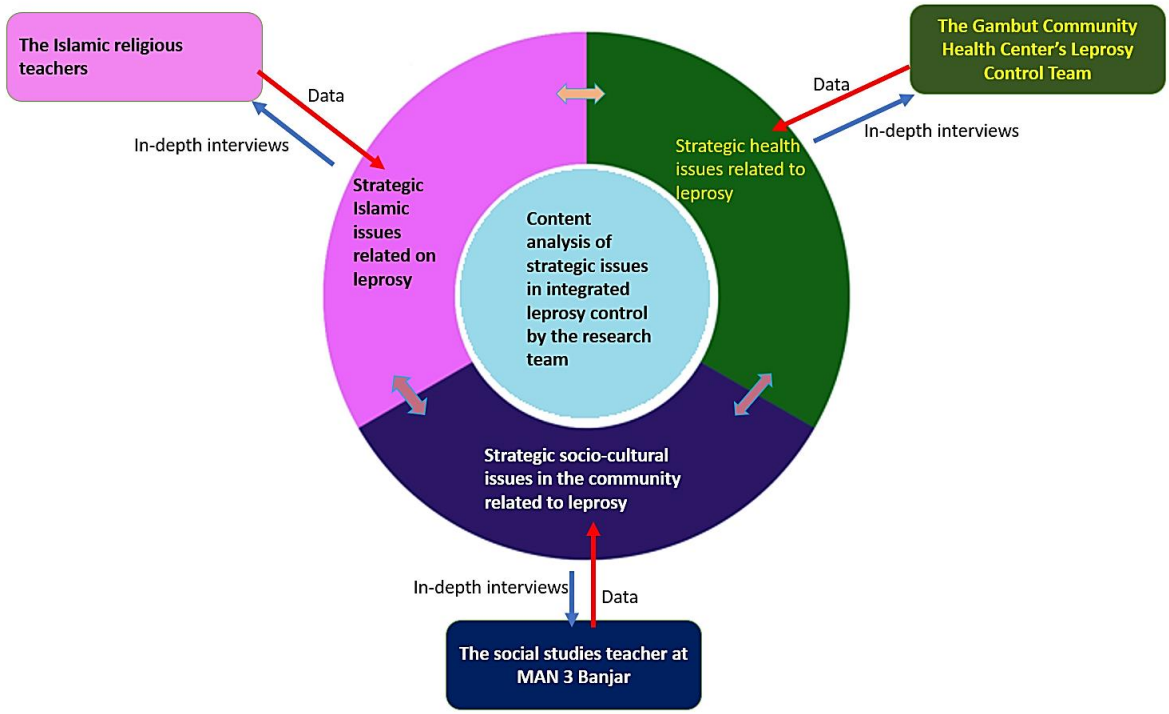

Figure 1. An integrated triangulation model for identifying strategic issues related to leprosy, modified from Husairi A 2024: Model KIE Vaksinasi Yang Diintegrasikan Pada Aspek Kesehatan-Agama-Sosial-Budaya Masyarakat Dan Berbasis Isu/Masalah Strategis Vaksinasi. Certificate of Incorporation issued by the Ministry of Law and Human Rights of the Republic of Indonesia, No. 000612689, dated May 6, 2024

RESULTS

Strategic issues that can be integrated into Islam, medical sciences, and the socio-culture of the Muslim community are the lion's character and disabilities due to late diagnosis and treatment of Hansen's disease (*al-majdhūm*). The results are shown in Table 1.

DISCUSSION

Hansen's disease (leprosy) is a chronic, contagious granulomatous disease caused by *Mycobacterium leprae* and *Mycobacterium lepromatosis*, primarily affecting the skin and peripheral nerves.[15,16] The disease was considered one of the oldest infectious diseases in human history. References to the disease can be found in the Bible, with the term *zaraath* (*tsara'ath*) in the Old Testament and leprosy in the New Testament. The Bible's horrific description of the disease's effects was partly responsible for much of the social stigma against Hansen's patients. The WHO recommended removing the term leprosy from medical literature and using the term Hansen's disease to avoid its aggressive and discriminatory connotation. This disease has been a scourge for humans since ancient times due to its severely destructive effects and social stigma.[8,9] The disease can actually be treated and cured, but delays in diagnosis and treatment can cause various clinical manifestations, permanent disabilities, and social stigma.[15,16,17]

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Table 1. Strategic issues for controlling Hansen's disease in the Muslim community in the Gambut District, Banjar Regency, South Kalimantan, Indonesia

Aspect	Participant	Strategic Issues
Medical Sciences	Health workers at the Gambut Community Health Center	The new cases of leprosy in Gambut District were 7 in 2019; 0 in 2020-2022 (COVID-19 pandemic); 3 MB (multibacillary) and 1 PB (paucibacillary) in 2023; and 1 PB in 2024. The leprosy control program has been intensively implemented by the Gambut Community Health Center's cross-program team. Communication, Information, and Education on leprosy have been conducted among both individuals and communities. The community was involved in case detection, treatment monitoring, and leprosy prevention and control. However, information on the lion's face as a clinical sign of contagious leprosy has not been communicated to the public. The team is still facing some obstacles in controlling leprosy: - Delays in patients seeking medical examination at the community health center, resulting in grade 1 and 2 disabilities - Low awareness of leprosy in some communities, and stigma persists - Some patients are unwilling to seek treatment at the community health center, are unwilling to be examined, and are sensitive and isolated.
Islam	Islamic religious teachers at MAN 3 Gambut and at Darul Ilmi Islamic Boarding School	Islam teaches that leprosy is not a result of sin or a curse, but rather a test from God and a curable disease. A person with leprosy who refuses treatment can harm both themselves and others. The fiqh principle states: "Do not harm yourself and others." This principle is a branch of the principle of "al-ḍarāru yuzālu" (the harm must be removed). Leprosy is mentioned in a hadith: from Annas, the Prophet prayed: "O Allah, I seek refuge in You from albino, madness, leprosy, and other terrible diseases." Another hadith states: "Avoid the leper as you would avoid the lion." This hadith is not intended to discriminate against the leper, but rather to prevent the spread and complication of the disease.
The community socio-cultural	Socio-cultural teacher at MAN 3 Banjar	The Muslim community in the Gambut subdistrict is a religious one that regularly gathers for various religious and social activities. They are caring and always willing to help one another. They tend to follow the lead of local religious leaders, community leaders, neighborhood heads, village heads, and other prominent figures. Some residents of Gambut are reluctant to seek treatment at community health centers due to a misunderstanding of the disease. The communal habits of the Muslim community can have both positive and negative impacts on controlling Hansen's disease.

The clinical manifestations of Hansen's disease vary widely, primarily affecting the skin and peripheral nerves. These include skin rashes and nodules, the lion's face, anesthesia, muscle

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paralysis, deformities of the hand and foot, amputation of fingers, and others. The incubition period is 2-40 years (most commonly 5-7 years). This disease progresses slowly, unnoticed. This disease first affects the peripheral nervous system. The affected nerves are those in the coldest areas of the body, namely the *ulnar, peroneal, posterior auricular,* and *superficial radial* nerves.[18] *Paresthesia* (tingling) can occur intermittently or persistently, and *anesthesia* (numbness) can occur without visible clinical signs. Subsequently, rashes, vesicles, and impaired skin sensation appear, so the skin trauma goes unnoticed by the patient. Peripheral nerve lesions cause muscle weakness and atrophy, severe pain, and contractures of the hands and feet.[19]

Based on clinical, immunological, and bacteriological features, there are five clinical spectrums of Hansen's disease. These spec-trums are *TT (tuberculoid), BT (borderline tuberculoid), BB (borderline), BL (borderline lepromatous),* and *LL (lepromatous).* The closer to LL, the more extensive the clinical manifestation, the lower the patient's immunity, and the greater the risk of transmission.[16,19] Based on the number of skin lesions, Hansen's disease is classified into two types: paucibacillary (PB; 1-5 lesions) and multibacillary (MB; 6 or more lesions).[20]

In type LL, nodules (lepromas) on the face cause diffuse infiltration accompanied by skin folds forming a characteristic lion's face (*facies leonina*) (Figure 2).[21-25] The type is highly bacillary (multibacillary/MB), highly contagious, and progresses rapidly.[19,24,25] This lion's face can be used to detect Hansen's disease. Early detection and treatment are the best approaches in controlling Hansen's disease.[1]

If a sign of the lion's face is found in a person, the person should be examined by a doctor to confirm the disease. Establishing a definitive diagnosis of Hansen's disease is crucial for early treatment. Early detection and treatment of Hansen's disease are important to prevent disease transmission and complications of disability. Hansen's patient must take multidrug therapy (MDTs) regularly and continuously for 6 months for type PB and 12 months for type MB.[8,16] If the patient was unwilling to be examined, the surrounding community should encourage them to be examined. The community should provide support so that the patient can be examined by a doctor.

Islam teaches the concept of controlling Hansen's disease. Although Hansen's disease was not mentioned in the Quran, several hadiths addressed it.[9] These hadiths need to be analyzed in an integrated approach between Islam, medical sciences, and the socio-cultural aspects of the community. These hadiths are:

عَنْ أَنَسٍ رَضِيَ لله عَنْهُ أَنَّ النَّبِيَّ صَلَّى لله عَلَيْهِ وَسَلَّمَ كَانَ يَقُوْلُ : اَللَّهُمَّ إِنِّيْ أَعُوْذُ بِكَ مِنَ البَرَصِ

وَالْجُنُوْنِ وَالْجُذَامِ وَسَيِّئِ الْأَسْقَامِ. رواه أَبُو داود بإسناد صحيحٍ

"From Anas ra. The Prophet saw. said: "O Allah, I seek refuge in You from albinism, madness, leprosy (Hansen's disease), and bad diseases." [Narrated by Abu Dawud with a valid chain of narration].

فِرَّ مِنَ الْمَجْذُوْمِ كَمَا تَفِرُّ مِنَ الأَسَدِ

"The Prophet said: Run from the leper (Hansen patient) as you would from the lion" [HR Bukhari].[9-13]

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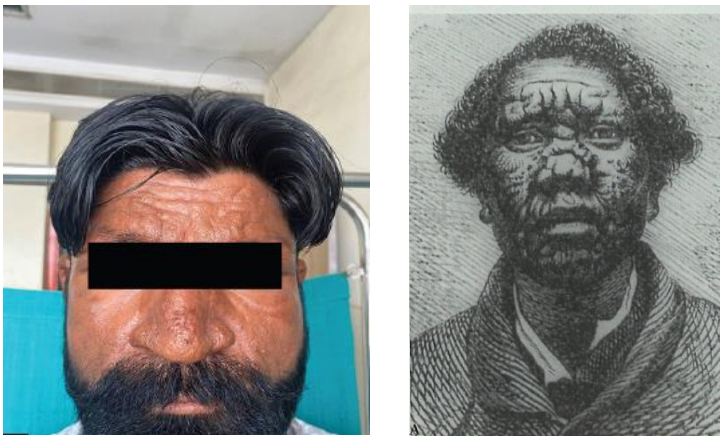

Figure 2. Diffuse infiltration on the face of a man with Hansen's disease leading to lionine facies

Source: Ehring F. Leprosy Illustration in Medical Literature. International Journal of Dermatology, 33(12) 1994: 872-83
Paul D, Mustari A, Singh S. Leonine Facies in Dermatology, Indian Dermatology Online Journal, 16(3) 2025: 440-444

In the hadiths above, Hansen's disease was referred to as al-judhām. The word "al-judhām" is a maṣdar (verbal noun) form of the verb jadhama, which means "cut off" because it is related to the amputated hands and feet of Hansen's patient. The patient is called al-majdhūm. Unlike tsara'ath, al-judhām lacks ritualistic connotations and does not carry the meaning of dirt or impurity. The meaning of al-judhām emphasizes the medical and pathological complications of Hansen's disease. [9,10,26-28] The terminology of al-judhām and al-majdhūm in the context of the hadith emphasizes the priority of preventing transmission and permanent disability in various body organs, including amputations of the hands and feet. The preventive efforts must be prioritized because the disease is contagious and can cause serious complications. Therefore, the application of the term al-majdhūm in controlling Hansen's disease aligns with the WHO's program toward zero Hansen's disease (zero disease, zero disability, and zero discrimination).

Another hadith states:

"The Prophet (peace be upon him) accepted the oath of allegiance (bai'at) from a Hansen's patient outside Medina and did not allow him to enter Medina."

This hadith is not intended to restrict the social activity of Hansen's patient, but rather teaches a strategic approach of the wise leader in controlling the infectious disease. With this strategy, the transmission of Hansen's disease can be prevented, and the social activity of Hansen's patients to pledge allegiance to the Prophet can still be carried out.

The three hadiths above teach the collective responsibility of the community and the government to prevent the spread of the disease. These hadiths emphasize caution, sincerity, wisdom, and maximum effort to prevent the spread of disease to other individuals and the community. [9] These hadiths lead to the recommendation to protect oneself and others from the infectious disease, as one would avoid the lion. Hansen's patient is likened to a lion because both can attack or infect nearby people. Transmission occurs through direct skin contact and respiratory

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droplets when in close proximity to an infectious patient with Hansen's disease.

The recommendation to maintain physical distance from Hansen's patient in the context of the hadith above seems to refer to the MB-type LL patient, as Hansen's patient is likened to a lion. The term the lion (الأَسَد) was expressed in the form of a definite noun (ism ma'rifah), not an indefinite noun (ism nakīrah). The noun is specific and well-known. [27] The lion's face is a typical clinical manifestation in MB Hansen's patient and is infectious (figure 1). [1,19] Another clinical sign of Hansen disease is the claw hand. [16] This disorder occurs due to paralysis of the ulnar nerve, which innervates the finger muscles, so that the fingers cannot be straightened and bend like a claw. This clawing hand can resemble a lion's clawed hand.

According to medical science, the best way to prevent the transmission of Hansen's disease is to maintain physical distance and avoid prolonged direct contact. This is in line with the hadith:

" Run (avoid) from the Hansen patient as you would from the lion "

If the patient with infectious Hansen's needs to socialize in close proximity to others, he is advised to wear gloves and a mask. The gloves can prevent transmission through direct skin contact, while the mask prevents transmission through respiratory droplets.

The hadiths mentioned above are not intended to ostracize or discriminate against Hansen's patients, as other hadiths state that the Prophet Muhammad (peace be upon him) was willing to hold hands with and eat from the same plate as them.[10] The hadith is:

أَنَّ رَسُوْلَ للهِ أَخَذَ بِيَدِ مَجْذُوْمٍ فَأَدْخَلَهُ بِاللَّهِ تَوَكَّلْ عَلَى للهِ مَعَهُ فِيْ ٱلقَصْعَةِ ثُمَّ قَالَ كُلْ بِاسْمِ للهِ ثِقَةً

"*Indeed, the Messenger of Allah held the hand of a Hansen's patient, then put it together with his hand into the plate. Then he said: "Eat in the name of Allah, with trust and trust in Him*" [HR at-Turmudzi].
Aisyah r.a. (the Prophet's wife) stated that they had a servant suffering from Hansen's disease. The servant lived and ate with them. [9]

The servant mentioned in the hadith appears to refer to a non-infectious or less infectious Hansen's patient. According to medical literature, PB Hansen's patient with a single lesion has a low risk of transmitting the disease.[1,3] People who have experienced Hansen disease or have recovered do not transmit the disease.

On the other hand, not everyone who comes into contact with the Hansen's patient becomes infected. Many factors influence transmission, such as immune status, genetic susceptibility, the pathogen's inoculation dose and virulence, and so on. This is in accordance with the hadith of the Prophet Muhammad (peace be upon him), which states: "No disease is transmitted from a sick person to a healthy person without Allah's permission"[12]

Several factors determine susceptibility to Hansen's disease. Factors that increase the risk of contracting the disease are:

1. Factors related to Hansen's disease: MB and PB patients with 2-5 lesions, positive smears, and patients who are untreated/ incompletely treated/have discontinued treatment

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2. Factors related to contact: older age, male sex, immediate family members, children, parents, siblings, and not having received the BCG vaccine. [3]

Several studies have shown that various factors are associated with the risk of contracting Hansen's disease. These factors include personal hygiene, gender, education level, knowledge level, nutritional status, type of employment, contact history, residence, population density, access to clean water, humidity, room temperature, and immune status. [1,29-32] Hansen's disease can be prevented by increasing the body's immunity, practicing good personal hygiene, and maintaining physical distance.[17]

The hadiths above teach a dynamic and contextual concept of Hansen's disease control. When a patient's condition poses a high risk of transmitting the disease, preventing transmission must be prioritized, without ostracizing or discriminating against them in social activities. When the patient's condition is no longer at risk (very low) of transmitting the disease, they should be treated the same as those without a contagious disease. This dynamic and contextual concept of Hansen's disease control is in accordance with the fiqh rules:

اَلْحُكْمُ يَدُوْرُ مَعَ الْعِلَّةِ وُجُوْدًا وَعَدَمًا

"The law revolves around the existence or non-existence of 'illat (the reason that causes the existence of the law)"

تَغَيُّرُ الْأَحْكَامِ بِتَغَيُّرِ الْأَزْمِنَةِ وَ الْأَمْكِنَةِ وَ الْأَحْوَالِ

"The laws can change due to changes in time, place, and conditions"[33]

لاَ ضَرَرَ وَلاَ ضِرَار

"*Do not harm yourself and others*"[34]

According to this rule, everyone must not harm themselves or others. Hansen's patient, who refuses treatment, can endanger themselves and others. Untreated or delayed Hansen's disease can cause complications and permanent disability in various organs of the body. There are two levels of disability: grade 1 (partial disability) and grade 2 (complete disability and inability to work). In the eyes, complications are eye infections, blindness, and *lagophthalmus* (inability to close the eyelids). In the face, *rhinomaxillary syndrome* (saddle nose deformity/damage to the nasal bones and maxilla) can occur. In the hands and feet, various complications can occur, such as loss of sensation, leading to wounds, cracks, and ulcers on the skin; soft tissue damage; muscle atrophy; bone decalcification; bone damage; joint damage; paralysis of the muscles of the hands and feet; and finger amputations. [16,19] Patients who do not seek treatment can also harm others by transmitting the disease. Therefore, treatment for Hansen's disease is mandatory. [9]

It is forbidden for the community to ostracize and stigmatize Hansen's patients because it can harm them. Ostracism and negative stigma can add to the suffering of Hansen's patients. The Hansens' patients withdraw from social activities and refuse to seek treatment. Hansen's patients have the right to participate in community and work. Hansen's disease is not a punishment or curse from God. These patients should receive support from all parties, including physical, mental, moral, social, and spiritual aspects. This support can contribute to the healing process and disability prevention.[10, 35-37]

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Communal habits of the Muslim community, such as gathering, working together, eating together, and social-cultural-religious activities, can have both positive and negative impacts on controlling Hansen's disease. On the one hand, the habits can increase the risk of transmission of Hansen's disease through direct skin contact and respiratory droplets. On the other hand, these activities can serve as a means of sharing information about Hansen's disease among fellow residents. Therefore, various efforts to prevent transmission should be undertaken, such as maintaining personal hygiene, avoiding direct skin contact, and using masks. Health workers can provide communication, information, and education (CIE) about Hansen's disease in community socio-cultural and religious activities.

CONCLUSION

The issues of the lion and al-majdhūm are strategically important in Islamic teachings for preventing the transmission and complications of Hansen's disease. Referring to Hansen's patient as al-majdhūm and using the analogy of the lion is not intended to discriminate or ostracize the patient, but rather to raise awareness that the disease is contagious and can cause serious disabilities. These two issues emphasize the shared obligation of all parties involved (Hansen's patient, the community, students, educators, community leaders, religious leaders, health workers, and the government) to make maximum and dynamic efforts to control Hansen's disease. When the risk of transmission is high, prevention of transmission must be prioritized by avoiding discrimination and ostracizing the patient. The lion face can be used to support early detection and treatment of Hansen's disease. This sign is supported by medical science, which states that the lion's face is a characteristic sign of type LL of Hansen's disease. LL is the type of Hansen's disease with the most severe clinical manifestation, which can cause extensive damage to various organs of the body. Type LL also shows the highest risk of transmission among the types. The lion character and al-majdhūm can be used to support the Hansen's disease control program in Indonesia's Muslim community.

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