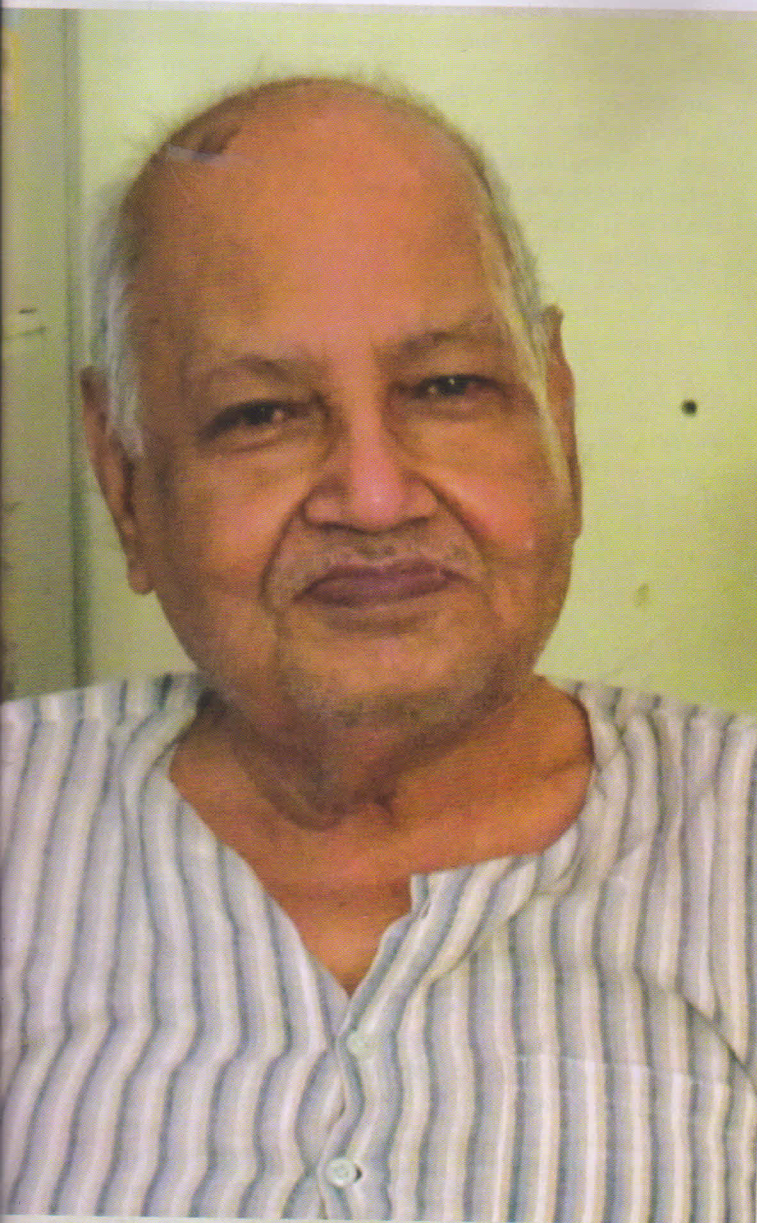


Dr BR Chatterjee

An Unsung Architect of Leprosy Eradication Programme

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IN a fight against Leprosy, which is a chronic bacterial infectious disease, India, on 1 April 2025, officially implemented the revised classification and treatment protocol nationwide. Under the National Leprosy Eradication

Programme (NLEP), a uniform three-drug Multi-Drug Therapy (MDT) regimen was introduced for both paucibacillary and multibacillary cases, with the explicit aim of interrupting transmission by 2027. But this story does not begin in Delhi or Geneva. It began in Purulia, one of West Bengal's backward districts, exactly half a century ago.

Here, I want to begin the story not from the scorching heat of Purulia, but from the mist-covered coastal city of Bergen, Norway, where the first scientific battle for the soul of this disease was fought. On one side stood the establishment, led by the renowned Dr Daniel Cornelius Danielsen, who viewed leprosy as a hereditary curse — a “blood punishment” to consolidate the idea passed down through generations after generation. On the other hand, stood his own young son-in-law, Gerhard Armauer Hansen, armed with a microscope, a symbol of modern scientific temper at that time. Hansen peered into the fluid of patient wounds night after night through his microscope, and finally, in 1873, he identified a faint, rod-shaped bacterium in that fluid. The world met *Mycobacterium leprae* for the first time.

Hansen's discovery shattered the myth of the “curse”. He proved that leprosy is an infectious disease caused by a germ, not a divine punishment. While Hansen won the scientific argument in Europe, the war against ignorance was far from over. Even a century later, in the villages of India, the stigma remained as potent as ever. Though in the old scriptures of Charak, the name Kustha was there, and perhaps for the first time in the world, our ancestors treated this as a disease and discovered some Ayurveda medicine like chaulmoogra oil as a remedy. But due to our ignorance and stigma, we have to wait for another visionary — a man may be called the “Hansen of Purulia” — to bridge the gap between high-level science and the dust of rural India. This is the story of Dr Biswaranjan Chatterjee.

Born on 9 June 1929, in a small village named Chuamashina in Bankura district of West Bengal, Biswaranjan Chatterjee was not born into wealth. His father, Gokulchandra Chatterjee, was a Sanskrit scholar who ran a traditional *Tol* (school), earning a meagre living by teaching the Sanskrit language and grammar. However, the driving force of the family was his mother, Satyabala Devi. A woman of strong will and musical talent, she realised that to give her children a future, they had to move beyond the village. She then relocated her family to Bankura town. There, she started a small school and taught music to support the household.

Initially, young Biswaranjan was interested in natural sciences, but he listened to his father's wish — “Medicine is not just a profession; it is the highest path of service to humanity.” At first, Biswaranjan enrolled at Bankura Medical College for a Licentiate in Medicine. However, his family moved to Kolkata, where he finished his medical education and earned a Licentiate in Medicine in 1949 and later his MBBS from Kolkata in 1952. He then pursued his MD from the National Medical College in Kolkata.

His early research efforts faced a difficult situation when a professor plagiarised his work on diphtheria. But, this setback only strengthened his determination. He joined the Indian Institute of Medical Research (Later became the Indian Institute of Chemical Biology). There he first came across the