

Kala-Azar is a Neglected Tropical Disease

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Case History

Visceral Leishmaniasis or Kala-azar is prevalent in many countries worldwide. The disease is one of the neglected tropical diseases (NTD). The symptoms and signs of the disease include prolonged fever, loss of weight, anaemia, and liver and spleen enlargements. In the Indian Sub-continent, India, Bangladesh and Nepal are highly endemic for Kala-azar. It was also recently reported from Bhutan. Majority of patients who are not treated with effective drug die. Stibogluconate was the sheet anchor of effective drug for the treatment of Kala-azar. Currently, the drug is ineffective due development of drug resistance

and the patient may also die due to its cardio-toxicity. The first oral drug (Miltefosine) for the treatment of Visceral Leishmaniasis has been developed in India in collaboration with Zentaris in Germany (Figure 1). This drug is highly effective in the treatment of VL. Soon after this oral drug development, Paromomycin, an injectable drug was developed; this drug is also highly effective in the treatment of VL. Amphotericin B, an anti-fungal drug is useful against VL. The most effective and safe drug against VL is single dose of lipid amphotericin B. India, Bangladesh and Nepal undertook elimination of Kala-azar from these countries in 2005. This activity brought down the number of Kala-azar cases from the three countries. This programme is a poverty elimination programme.



Figure 1: A child suffering from Kala-azar (Liver and spleen enlarged).

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