

Elephantiasis:

(this article was contributed by Terence J Ryan emeritus Professor of Dermatology Oxford University and Oxford Brookes University 'Mentor' to the IAD)

One of the most prevalent tropical diseases in India is Lymphatic Filariasis.

Filaria are parasites inoculated by the mosquito, probably mostly in late childhood. They live in the blood stream and after a few years some find their way into the body's drainage system where they turn into much larger worms which damage the lymphatics. This causes elephantiasis, a grotesque swelling of the limbs. Figure1&2.

The parasite, when in the blood stream, can be killed by anti -parasite pills which need to be taken only once per year. However, once damaged the limbs remain swollen. It is estimated that there are about 20 million sufferers in India. The treatment usually offered until recently was de-bulking surgery, not without complications and expensive because of a lengthy stay in hospital while the wounds heal.

In 2002 Vaqas and Ryan suggested that a less invasive therapy probably existed in the villages of India which depended on low technology and self help. The institute of Applied Dermatology in Kasargod, Kerala, led by the Dermatologist Dr. Saravu Narahari and his wife Dr. Prasanna with the assistance of the Homeopath Dr. Bose and several Ayurvedic specialists, decided to put the ideas into practice.

It is integrated medicine which combines Indian systems of medicine with biomedical scientific thinking. It encourages lymph flow using Yoga breathing, posture exercises and massage. The much distorted tissues and broken skin barrier, allows bacteria to incite frequent deep tissue inflammatory episodes. These are controlled by Ayurvedic herbal washes,

The heavy limb is carried in a dependent position with reduced mobility and the effect of gravity filling the leg veins worsens the oedema. This is managed by ankle exercises and elevation to encourage emptying of the veins.

This is essentially a self help program requiring great perseverance by those affected. Long episodes of counselling are given to the patient and family. Even community members may be encouraged to give support. Brother or sister, mother or daughter, must help with massage and with support containment bandaging. To learn how to manage the elephantiasis both patient and family will attend the centre and be provided with instruction for two weeks. They will be seen and evaluated at three months and six months.

The program has been a great success, surprising everyone involved and many national and international observers.

It is of special interest to critics who believe there is lack of evidence supporting Indian systems of medicine and the value of yoga or herbal therapies for any of India's major tropical diseases. Using local interventions available in remote Indian villages it is proving successful for up to 600 patients in one year in any one location. It requires a huge commitment to give the required time and energy to treatment. Only about half the numbers making the initial enquiry, sign on and are still treating

themselves 6 months later. They are quickly free of the inflammatory episodes which force them to take to their bed. Their limb is of a size that allows them to take up their previous occupations.

The size of the problem



Before and after Treatment

