# MORBIDITY MANAGEMENT, DISABLITY PREVENTION AND REHABILITATION OF DISABLED FILARIAL PATIENTS –

# AN INDIAN EXPERIENCE

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Among the Neglected Tropical Diseases, Lymphatic Filariasis remains the most dominant one due to its disabling and disfiguring manifestations. One of the disturbing features of this disease is that the majority of the diseased are in their advanced old age and are from the poorest of the poor strata of the society. The social and psychological consequences of these stigmatised patients are of immeasurable magnitude and they virtually lead a secluded life, cut off from their kith and kin and rest of the society. The worst hit area of this disease in India is in Kerala with the epicentre being Cherthala, Alappuzha District for centuries.

Patients with grotesque Elephantoid legs, in hundreds, are still a common sight in this region.  Though, interruption of transmission has been achieved through Mass Drug Administration under the Global Elimination Program for Lymphatic Filariasis by 1990 , Morbidity Management and Disability Prevention has not attracted adequate attention from all concerned quarters. In this context, Indian Network for Neglected Tropical Diseases - an Amrita Initiative (iNTD) has launched a Morbidity Management and Disability Programme in this area with the support of likeminded corporates like   Chittilappilly Foundation and Geojit.

In Cherthala, an estimated 4200 patients are suffering from different grades of lymphoedema causing disability. Further, the diseased attains its severest form in their advanced age causing multiple hardships. This is the time that they are generally abandoned by their families..

The primary aim of this project is to provide palliative care to these disabled patients at their doorsteps in order to minimise their sufferings. Foot care and hygiene formed the base of this program. They are provided with a Medical Kit containing medicated soaps, towels, essential drugs and crepe bandages. They are advised to wash their legs with soap and water and then dip them in a solution of Potassium permanganate. After drying, application antifungal cream is advised. In addition daily massage is done followed with pressure bandaging .Majority of the patients were not in the habit of wearing foot-wear due to the non-availability of suitable sizes and shapes of their legs. It necessitated designing of customised MCR foot-wear which was provided free of cost. This aided them to move around freely with dignity and ease besides preventing frequent foot infections .Wearing of a foot -wear was a first time experience for many .

An innovative novel dimension of the project is to make the diseased self-dependent by engaging them for income generating activities. Micro financing provided as a working capital to initiate various small scale initiatives such as poultry, cattle rearing, tailoring, vending of vegetables, fish and cooked foods etc. A co-operative movement of the diseased individuals are formed to share the profit for further expansion of such ventures involving more individuals. The magnanimous financial support for this program has come from a local corporate cum philanthropist K Chittilappilly foundation. This is a model which is not only advocated , but also practised by Indian Network for Neglected Tropical Diseases. It is also in tune with the noble vision of Amrita -a private charitable premier Medical Institution in this part of the country. Surgical interventions for the needy is being carried out at the Plastic Surgery unit of AIMS for which another corporate M/S Geojit is extending support. Such partnerships in alleviating the sufferings of filarial patients are being advocated by World Health Organization, GAELF, Unitingtocombatntds.org etc . Hence it is a true working model for MMDP .

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