



# A Short Note on Neglected Tropical Diseases

Edgar Hassel\*

Department of Ophthalmology, Bachelor of Medicine, Lutfi Kirdar Kartal Education and Research Hospital, Cevizli, Kartal, Turkey

## DESCRIPTION

The group of tropical infections known as the Neglected Tropical Diseases (NTDs) is carefully connected to a global initiative directed at the public health control and elimination of those diseases.

Neglected Tropical Diseases (NTDs) such as dengue fever, lymphocytic filariasis, trachoma, and leishmaniasis generally afflict the poor in the world and have historically had not received as much attention as other diseases. NTDs tend to thrive in developing regions of the world where water quality, sanitation, and access to health care are substandard. However, some of these diseases also found in areas of the United States with high rates of poverty.

### Reasons for neglect

The importance of neglected tropical diseases has been underestimated because many are asymptomatic and have a long incubation period. The long-term association between fatalities and neglected tropical diseases often goes unnoticed. Highly endemic areas are often geographically isolated, making treatment and prevention extremely difficult.

### Stigma

In addition, neglected tropical diseases are often associated with forms of social stigma, complicating treatment. Public health research has only recently begun to focus on stigma as a component of the problem. Since the 1960s, it has been mentioned about once a year in connection with social stigma. In 2006 there were 458 people, Disease control is severely hampered by this stigma because it reduces the need for help and adherence to treatment. Disease management programs, which began in the 1980s, began incorporating stigma into their offerings. In India, the leprosy program has stimulated optimism in the affected communities, prioritizing the message that leprosy is curable rather than hereditary. The goal was to make leprosy “just like any other disease” and reduce stigma. At the same time, the medical resources available in the area are optimized to fulfil the healing promises given.

### Economic incentives

One of the reasons these illnesses are ignored is that they are non-profit and, as a result, patents and interests do not play a role in inspiring innovation. As with all non-profit areas, these illnesses

are the responsibility of government and philanthropy (including industrial philanthropy). Currently, the pharmaceutical industry considers research and development to be extremely dangerous. For this reason, resources are rarely invested in NTDs (poor people's illnesses), and new chemicals are often expensive.

### Buruli ulcer

Buruli ulcers are caused by the bacterium *Mycobacterium ulcerans*. Although associated with family of organisms that cause tuberculosis and leprosy, *Mycobacterium ulcerans* produces mycolactone, a tissue-destroying toxin. The prevalence of Buruli ulcer is unknown. Secondary infections can be fatal, but the risk of death is low. Morbidity is manifested in the form of malformations, disorders, and skin lesions, can be prevented with early treatment, and can be controlled with antibiotics and surgery.

### Chagas disease

Chagas disease is also known as trypanosomiasis in the United States. About 15 million people are infected with Chagas disease. The risk of morbidity is higher in immunocompromised individuals, children, and the elderly, but very low with early treatment. Chagas disease does not kill victims immediately, but instead causes chronic symptoms that are debilitating over the years. It is caused by vector-borne protozoa and is spread by contact with the feces of trypanosoma infected triatomine. Protozoa can enter the body through insect bites, torn skin, and through mucous membranes. Infection can be caused by ingestion of infected food or exposure to contaminated body fluids.

### Dengue and chikungunya

Chikungunya fever is an arboviral disease transmitted by *Aedes albopictus* and *Aedes aegypti*. The virus was first isolated from the one that occurred in Tanzania in 1952. Chikungunya virus is a member of the genus *Togaviridae* and the family *Togaviridae*. The word chikungunya comes from the Makonde, which means “that which bends up”, which refers to the effect of debilitating joint pain on the patient. Symptoms that commonly appear 5-7 days after exposure can be confused with dengue fever, including fever, rash, headache, arthralgia, and swelling.

### Dracunculiasis

This is caused by drinking water contaminated by *Daphnia pulex*

**Correspondence to:** Edgar Hassel, Department of Ophthalmology, Bachelor of Medicine, Lutfi Kirdar Kartal Education and Research Hospital, Cevizli, Kartal, Turkey, E-mail: hassel.edgar@gmail.com

**Received:** 04-Jan-2022, Manuscript No. TPMS-22-255; **Editor assigned:** 06-Jan-2022, Pre QC No. TPMS-22-255 (PQ); **Reviewed:** 20-Jan-2022, QC No TPMS-22-255; **Revised:** 24-Jan-2022, Manuscript No. TPMS-22-255 (R); **Published:** 31-Jan-2022, DOI: 10.35248/2329-9088.22.10.255

**Citation:** Hassel E (2022) A Short Note on Neglected Tropical Diseases. Trop Med Surg. 10:255.

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infected with sea worm larvae. Approximately one year after infection, painful blisters form and one or more worms hatch. Worms can grow up to 1 m in length. It is usually treated by World Health Organization volunteers who clean and bandage wounds caused by the worm and return daily to pull out the worm a few

more inches. Dracunculiasis can be prevented by filtering water, rapid detection of cases to prevent the spread of the disease, health education, and treatment of the pond with pesticides. The eradication program was able to reduce the prevalence.