Kala Azar in South Asia
Kala Azar in South Asia

Current Status and Challenges Ahead
One of the most important challenges for third world countries is to educate and support their inhabitants to maintain an independent and comfortable lifestyle. Difficult enough when there is no health problem, but life-threatening infectious diseases are more prevalent in the tropical zone than in more temperate climates. Compared to other tropical infectious diseases, patients with Visceral Leishmaniasis (VL) won’t visit the clinic until the disease developed for longer periods and therefore they are often in the advanced stages of the disease: the symptoms do not appear early and the disease process is subacute and does not greatly affect the physical wellbeing.

The diagnosis of VL used to be extremely difficult for physicians, requiring a bone marrow biopsy, but the recent improvements made the diagnosis much easier and faster. When treating patients, the adherence to medication is always an issue for medical practice, even the western countries but especially so in the developing world. To cope with this and other issues, therapeutic patterns have to be developed and evaluated specifically for the endemic areas.

During the next several years, the clinical approach to VL and to post kala-azar dermal Leishmaniasis in the Indian subcontinent and South-Asia will need to change. Standing at a turning point in VL medicine, we had the opportunity to organize the expert conference entitled “Consultative Meeting on Elimination of Kala-Azar from South Asia” in the late summer of 2009 in New Delhi, India under the support of Japanese Science Technology Agency. It is my great pleasure to share with you the latest knowledge in Visceral Leishmaniasis!

Tokyo, Japan

Eisei NOIRI, MD, PhD
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