INTRODUCTION
Malaria is a protozoal disease caused by infection with parasite of genus plasmodium and transmitted to man by certain species of female anopheles mosquito. It is one of the oldest recorded cosmopolitan disease in the world. Malaria is one of the most widespread diseases in the world occurring between 60 deg. N and 40 deg S. These countries include the Myanmar, Bangladesh, Thailand, India, Indonesia, Sri Lanka, Maldives, Nepal, Malesia.

The incidence of malaria is rising making malaria one of the most important infectious diseases in the world today, producing about 200 million new cases each year with 2.0% mortality. At present malaria is major public health problem in the tropical developing world.

Four recognized and distinct species are parasite in human beings are (i) Plasmodium malariae (ii) Plasmodium vivax (iii) Plasmodium falciparum and (iv) Plasmodium ovale.

In India there was massive resurgence of malaria in both the plasmodium vivax and plasmodium falciparum variety in mid 1970. In 1976 the incidence of malaria rose to peak of 6.4 million cases of which 0.7 million were of plasmodium falciparum variety. The entire population of India (95.9%) now deemed to be under malaria risk.
Plasmodium falciparum predominates in sub-Saharan Africa, New Guinea and Haite while plasmodium is more common in central America and India subcontinent. An increase in plasmodium falciparum infections has occurred in India over past decade.

Malaria infection provides a potent stimulus to the immune system. The first suggestion that malaria could elevate serum gamma globulin level in tropical population was made by Holmes et al (1955).

Both cell mediated and humoral immunity are involved in protection from malaria parasites (Playfair, 1982). Serum immunoglobulin Ig G, Ig M and Ig A are affected in malaria infection. The levels of these immunoglobulin are increased in patients of malaria soon after the appearance of parasitaemia (Tobie et al, 1966). Recurrent malarial infections have been found to be associated with considerable elevation of serum Ig G and Ig M as compared to Ig A levels (Rowe et al, 1968; Voller et al, 1971; Ganguli et al, 1980).

Serum immunoglobulin levels in malaria has been estimated by different workers at different places in India as well as abroad. In India immunoglobulins in 22 patients suffering from plasmodium vivax infection by Bobhate et al

By Abels et al in 1965, Zuckerman 1969, Beale et al in 1972, Shulman et al in 1970, Turner et al in 1966 has emphasized that the raised immunoglobulins levels can be seen in malarial infection.

The present literature testifies to the rarity of the such kind of work ever done in this part of the country specially in Bundelkhand region of Uttar Pradesh hence importance of taking up this kind of work in this part of state of India.