CHAPTER II

REVIEW OF LITERATURE

Lymphatic filariasis in its various forms remains as a number one public health problem of considerable magnitude in many Tropical countries, including India. (WHO 1984). It has estimated that 7.44 million lymphoedema cases, 12.88 million hydrocele cases and 31.26 million parasite carriers live in India alone. This covers about 44% of the world's filariasis burden. (R. C. R. C 1997). He stresses that the disease has important socio-economic impact on individuals, families and communities. Rajagopalan (1990) observes that the disease has never received adequate attention from health planners, inspite of its high prevalence in the country, and largely neglected by both administrators and researchers.

The disease has a very old history in India. Filariasis has been reported in India since 6th century B.C., Susrutha has mentioned the disease. In seventh century A.D. Madhavakara described the exact signs and symptoms of the disease. Reference to filariasis in Kerala is found in the travelogues and memoirs of some foreign travelers and settlers. Jocobus Canter Visscher, Dutch Chaplain, who lived in Cochin between 1717 and 1723 AD made important observations on the disease. He attributed the cause of the disease to the intake of saltpeter in drinking water.

Day, State Physician, to the Royalty of Cochin during the early part of the 18th century sheds more light on the actual prevalence of the disease in