

# A Short Note on Tropical Disease

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## Description

Any disease that is native to or occurs primarily in tropical or subtropical areas of the world is known as a tropical disease. Malaria, cholera, Chagas disease, yellow fever, and dengue fever are examples of tropical diseases. Tropical and subtropical diseases have been known since antiquity. Ancient physicians, such as Hippocrates of Greece and Aulus Cornelius Celsus of Rome, wrote about malarial disorders, and current molecular analysis of Egyptian mummies have revealed that malaria existed in ancient Egypt. Later on, other tropical diseases were discovered. For example, Europeans discovered yellow fever, a disease found in tropical Africa and South America, during the Spanish invasion in the 16th century.

In the 19<sup>th</sup> century, as a result of exploration and colonial expansion, an increasing number of Europeans and Americans were exposed to infectious diseases in tropical and subtropical climates, scientific interest in the identification and classification of tropical diseases arose. Tropical medicine was founded on the study of tropical diseases. Filariasis, malaria, and yellow fever were among the first diseases studied. Many tropical diseases were discovered to be transmitted by vectors such as mosquitoes, fleas, lice, snails, and other animals in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries, and certain infections were related to contaminated food or water. Many tropical diseases' pathogens (disease-causing organisms) were eventually found, including bacteria, viruses, and parasites [1-3].

The importance of tropical diseases expanded in the late twentieth and early twenty-first centuries. While certain diseases were largely managed as a result of increased awareness and breakthroughs in prevention and treatment, others became more prevalent as a result of population growth, large-scale human migration and displacement, deterioration of public health infrastructure, and tourism. In addition, formerly under control tropical diseases such as cholera, dengue fever, and meningococcal meningitis resurfaced. New diseases emerged, such as Ebola. As a result of increased human mobility and climate-driven vector movement, several tropical diseases began to spread into temperate climates. Poverty, a lack of clean water, and a lack of medical treatment all influenced the impact of a wide variety of tropical diseases.

Hundreds of millions of people are affected each year by a variety of tropical diseases, which have been identified. While many tropical illnesses have been eradicated in more industrialised countries, they continue to be major causes of sickness and mortality in impoverished, marginalised, and rural areas. These diseases, often known as neglected tropical diseases, afflict almost a billion people worldwide. African sleeping sickness, Chagas disease, dengue fever, guinea worm disease, leishmaniasis, leprosy, lymphatic filariasis, onchocerciasis, rabies, schistosomiasis, trachoma, and yaws are examples of neglected tropical diseases.

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The diseases' limited international visibility, the severe economic and social challenges that afflicted regions confront, a lack of medical access in such regions, and a lack of local education about the diseases have all hampered efforts to prevent and control neglected tropical diseases. However, increased international attention in the early twenty-first century resulted in increased research funding and access to medical care in some impacted countries. Although drugs were available for only a few neglected tropical diseases, other interventions such as vector control and sanitation and hygiene improvements, as well as so-called mass drug administration, in which drugs were made available to large numbers of people, proved highly effective against the diseases [4-6]

## Conclusion

Borna disease is a viral infection that causes inflammation of the brain and spinal cord in warm-blooded animals, particularly horses and sheep. It is spread through food and water contaminated by diseased animal secretions and is named after a significant outbreak in Borna, Germany, in 1894. The mortality rate could exceed 90%. Some research have suggested a link between the Borna disease virus and mental illness in humans, however this has yet to be confirmed definitively.

## Conflict of Interests

None.

## References

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