



## Changing and Challenging Scenario of Burden of Disease

The burden of diseases five to six decades ago in mankind is mostly due to communicable diseases like Smallpox, Plaque, Cholera, Malaria, Tuberculosis, and certain viral respiratory infections. There were 75 million malaria cases in a population of 330 million were estimated in India in the year 1947. [1] Reported cases of Cholera was 176,307 with 86,997 deaths in 1950. [2] The morbidity and mortality due to communicable diseases were more in number as there was a lack of availability of specific drugs or vaccines and insufficient health care delivery. At the same time non-communicable diseases like hypertension, diabetes mellitus and cancer were very low as the lifestyle of those days including food patterns prevented the problems. One to two decades ago the pattern of diseases was tilted to non-communicable diseases. There was 57 million people were died in 2008 or 63% were deaths due to NCD in world level and it will be seen in developing countries. NCDs cases were increases, in worldwide, and in low-and middle-income regions. [3]

Present decade the pattern of diseases totally changed as both communicable diseases and non-communicable diseases are simultaneously emerging to a new height. As per World Health Organization (WHO) report dengue cases were increased eight times increased in the last 2 decades in the year 2000, 2010, and 2019 were 505,430 cases, 2.4 million, and 5.2 million respectively. Reported deaths between the years 2000 and 2015 increased from 960 to 4032, affecting mostly younger age group. The total number of cases seemingly decreased during years 2020 and 2021, as well as for reported deaths. Moreover, these data are not fully completed as on date due to Covid-19 pandemic. The data is not completed yet due to COVID-19 pandemic in many countries. [4] Non communicable diseases like Diabetes mellitus and hypertension those days were more prevalent among affluent as well as sedentary population but now both diseases are more in number among urban and rural, poor, young and hard workers. In India, there is hypertensive in urban and rural as 33% and 25% respectively. About 33% urban and 25% rural Indians are hypertensive in India. [5]

This scenario upsets the growth of the country and individuals and government find it very difficult to overcome the new challenging scenario in the terms of health expenditure. The reason for emerging of non-communicable diseases are increased in life expectancy changing pattern of food and work culture. As per 2013 WHO report, NCD cases increases by usage of tobacco and alcohol, no exercise, increases in body mass index, low intake of nutritious food, increasing in hypertension, glucose and total cholesterol levels. Nowadays for all kind of household works specific machines are invented. The physical activity coming down due to increased concentration on money-earning jobs. Urbanization and carelessness in the maintenance of a good environment are major reasons for communicable diseases. Urbanization brings with it the problems of housing, sanitation, pollution, drinking water, and health care facilities. Increasing population densities and urban poverty encourage the spread of viruses; under poor sanitary conditions, people are more susceptible to pulmonary and gastrointestinal infections. [6] This is evident in the recent pandemic of Covid 19 mostly occurred in cities.


### WHAT WE DO:

Government alone cannot meet the issues; the role of community participation is an essential aspect. Whatever the position or class of people in the society should be aware of the occurrence of diseases and involve individually in prevention of diseases. Of course, poverty cannot be in a short period to be removed but steps to be started. The cost of drugs used in diabetes mellitus and hypertension should be under control. The primordial and secondary prevention may be emphasized among the people strongly.

### References:

1. Kumar A, Valecha N, Jain T, Dash AP. Burden of Malaria in India: retrospective and prospective view. *Am J Trop Med Hyg* 2007;77(6 Suppl):69-78. **PMID:** 18165477
2. Nongkynrih B, Patro BK, Pandav CS. Current Status of

**Article Summary: Submitted:** 15-February-2022 **Revised:** 27-February-2022 **Accepted:** 15-March-2022 **Published:** 31-March-2022

<p><b>Quick Response Code:</b></p> 	<p><b>Web Site</b> <a href="http://ijmsnr.com/">http://ijmsnr.com/</a></p>	<p>This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non-Commercial-ShareAlike 4.0 International License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.</p>
	<p><b>DOI</b> 10.55349/ijmsnr.2022.2134</p>	<p><b>How to cite this article:</b> Govindarajan PK. Changing and Challenging Scenario of Burden of Disease. <i>Int J Med Sci and Nurs Res</i> 2022;2(1):3-4.</p>

Communicable and non-communicable diseases in India. J Assoc Physicians India 2004;52:118-123. **PMID:** 15656045

3. World Health Organization: Global Status Report on Noncommunicable Diseases 2010. **Available from:** [https://www.who.int/nmh/publications/ncd\\_report\\_full\\_en.pdf](https://www.who.int/nmh/publications/ncd_report_full_en.pdf) [Accessed on: 10<sup>th</sup> January 2022]

4. World Health Organization: Newsroom-Fact sheets. **Available from:** <https://www.who.int/news-room/fact-sheets> [Accessed on: 10<sup>th</sup> January 2022]

5. Anchala R, Kannuri NK, Pant H, Khan H, Franco OH, Di Angelantonio E et al., Hypertension in India: a systematic review and meta-analysis of prevalence, awareness and control of hypertension. J Hypertens 2014;32(6):1170–1177. **PMID:** 24621804

6. Hui Eka-Wai. Reasons for the increase in emerging and re-emerging viral infections diseases. Microbes and Infection 2006;8(3):905-916. **DOI:** 10.1016/j.micinf.2005.06.032

**Dr. P.K. Govindarajan,** 

**MBBS, MD.,**

Professor,  
Department of Community Medicine,  
Vinayaka Missions Medical College and Hospital,  
Karaikal,  
Puducherry (UT), India.

**Email ID:** [drpkgr@gmail.com](mailto:drpkgr@gmail.com)