

# THINK GLOBAL AND ACT LOCAL TO TREAT LYMPHATIC DISEASE

Christine Moffatt

A recent trip to India has raised my awareness of how important it is that we as a specialty address the issues of lymphoedema and lymphatic filariasis (LF) by working together on a global scale.

Although LF rarely causes death, it is one of the world's most disabling and disfiguring diseases. More than 1.3 billion people — about 18% of the world's population — live in areas at risk of infection with lymphatic filarial parasites. A staggering one-third of this vulnerable population is based in India where more than 25 million inhabitants of the country already live with LF (World Health Organization [WHO], 2006).

The physical incapacity which can occur as a result of LF often leads to unemployment in poorer populations, which can further increase financial hardship. LF exerts a heavy social burden that is especially severe because of the specific attributes of the disease. For men, genital damage is a severe handicap leading to physical limitations and social stigma. For women, shame and taboos are associated with the disease. When affected by lymphoedema they are considered undesirable and marriage, an essential source of security to many, is often impossible (see pp. 24–31 for patients' perspectives of living with elephantiasis).

The *Global Programme to Eliminate Lymphatic Filariasis* was initiated in 1997. As prolonged mass drug administration to entire at-risk populations is rolled out, it is the aim of the programme to also tackle the prevention of

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disease progression and alleviation of symptoms in those with existing or advanced disease.

During my visit to India, I was amazed and humbled at how effectively the needs of people with LF were met in the absence of the resources that practitioners in the West take for granted.

**The solid approach to the management of lymphoedema in countries where LF is prevalent could be further enhanced by the global dissemination of best practice and collaboration between organisations.**

As Dr Saravu Narahari explains in his international perspective (pp. 10–12), health care in India is a mixture of western biomedicine, homeopathy, and Unani herbology — the Indian system of medicine. Care is embedded in the local system without recourse to western drugs or modern diagnostic techniques or therapies. It is also the case that relatives take on the caring role traditionally undertaken by healthcare professionals in the West. It is the accepted norm that relatives not only care for the patient in the community, but also remain with them in hospital assisting with bandaging, massage and the application of traditional therapies.

The efficacy of such low-cost, traditional approaches should not be underestimated, as they bring many psychological and social advantages for the patient and the family as a whole. A great deal is achieved from which more affluent countries could learn.

This solid approach to the management of lymphoedema in

countries such as India where LF is prevalent could be further enhanced by the global dissemination of best practice and collaboration between organisations. Both measures will help to drive forward projects that will offer practical help where it is most needed.

For example, during my visit, I noticed that often little consideration was given to the class of bandage used on lymphoedematous limbs due to lack of resources, and that the bandages were frequently so overused that they ceased to have any therapeutic effect. This could be overcome simply through raising awareness of best practice, better financial resources and a ready supply of appropriate bandages. An obvious solution would be the manufacture and sale of bandages locally at an affordable price.

The suffering and experiences of the patients with LF that I encountered in India is mirrored throughout a significant proportion of the world. In his comment (pp. 89–91), David Addiss points out that lymphoedema management is currently internationally segmented. It is time that our specialty adopts a more collaborative approach, embracing all the different aspects of care to move the management of lymphoedema and LF forward, and develop a global project to address the important issues that affect the millions of people with the condition. I would like to hope that the *Journal of Lymphoedema* might be a vehicle through which we can work together to help the *Global Programme to Eliminate Lymphatic Filariasis* achieve its aims and so improve the lives of people with LF.

World Health Organization (2006) *The Global Programme to Eliminate Lymphatic Filariasis*. Available online at: [www.who.int/lymphatic\\_filariasis](http://www.who.int/lymphatic_filariasis). Last accessed March 2007