JOURNAL OF CLINICAL AND DIAGNOSTIC RESEARCH

How to cite this article:
SHAH V N. RESPONSE LETTER TO "STUDY OF CLINICAL PROFILE OF MALARIA AT KMC HOSPITAL, ATTAVAR, INDIA" PUBLISHED IN JCDR JULY 2007 ISSUE. Journal of Clinical and Diagnostic Research [serial online] 2007 December [cited: 2007 Dec 3]; 6:581.
Available from
http://www.jcdr.net/back_issues.asp?issn=0973-709x&year=2007&month=December&volume=1&issue=6&page=581&id=107

LETTER TO THE EDITOR

Response Letter to "*Study of clinical profile of malaria at KMC hospital, Attavar, India*" published in JCDR July 2007 issue

SHAH V N

Sir,

This letter is in response to the article by Chowta MN and Chowta KN, entitled "*Study of clinical profile of malaria at KMC hospital, Attavar, India*", published in JCDR July 2007 issue.

Malaria is the most important parasitic disease of human affecting over 40% of the world population [1]. During 2003, in India, 1.64 million cases were reported, which was responsible for 943 deaths [2].

I would like to share with you that authors have noted three patients as smear negative and still considered them as malaria, based on clinical presentation, and they all responded to anti-malarial agents. Is there any entity like smear-negative malaria? I firmly believe and fully agree with the authors that there is an entity like smear-negative clinical malaria. This is because in our Indian set-up, there can be many causes for negative smear such as lack of trained staffs; fault can lie either in the preparation of the smear or in the person studying the smear. The technique for smear as described by Monica Cheesbrough [3] is hardly followed by technicians. Factors like anti-malarial drugs taken as an OTC can be the cause of negative smear. Therefore, as truly said by Doherty [4], the most important factor in the clinical diagnosis is a high index of suspicion, and we should treat the patient with typical symptoms and signs irrespective of smear status of that patient.

Department of Medicine, M.P. Shah Medical College, Jamnagar, India.
Corresponding author: Dr. Viral Shah. 33, New People Society, Subhashnagar, Ring Road, Bhavnagar-364001, Gujarat, India.
Tel.: 91-09898450363; e-mail: viralshah_rational@yahoo.co.in

Further, I would like to highlight the fact that National Anti-malarial Programme (NAMP) of government of India recommends four tablets of choloroquine (600 mg of base) to all the patients suspected to have malaria and complete treatment in only those cases found to be smear positive (for low-risk area). However, if we believe that there is an entity like smear-negative malaria, then can the NAMP policy not increase the chance of malaria resistance in India?

However, this leads to hypothesis based medicine; Medical Science should be evidence based rather than practice or observation based. Therefore, good control studies are required for this burning and important issue of malaria.

Acknowledgement
I would like to thank Drs. B.K. Shah, T.G. Patel, and H.K. Acharya for their help.

References

[1] Nosten F, Price RN. Newer antimalarials, a risk benefit analysis. Drug Saf 1995;112:264–73.
[2] Govt. of India, annual report 2003–2004, Ministry of Health and Family Welfare, New Delhi; 2004.
[3] Cheesbrough M. District laboratory practice in tropical countries part I. Cambridge University Press,UK; 1998. p. 239–58.
[4] Doherty JF, Grant AD, Bryceson ADM. Fever as the presenting complaint of travelers returning from the tropics. Q J Med 1995;88:277–81.