

Research Article

Active Epilepsy as Indicator of Neurocysticercosis in Rural Northwest India

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Objective. To determine the contribution of neurocysticercosis as a cause for active epilepsy and to establish Neurocysticercosis as major definable risk of epilepsy in our setup. **Methods.** We conducted a door-to-door survey of 2,209 individuals of Bhoire Pind and Bhoire Kullian villages in Chhatta zone of district Jammu (Jammu and Kashmir, Northwest India) to identify patients with symptomatic epilepsy. Patients with active epilepsy were investigated with neuroimaging techniques to establish diagnosis of NCC (neurocysticercosis). **Results.** Among 25 patients with epilepsy 10(40%) had CT/MR evidence of past or recent NCC infection. This gave us the point prevalence of 4.5/1000 for Neurocysticercosis in our study population. **Interpretation.** The study shows a high prevalence of NCC, accounting for symptomatic epilepsy in our part of India.

1. Introduction

Neurocysticercosis (NCC) is a frequent cause of neurological disorders in many developing countries and is a predominant cause of epilepsy in India [1–4]. NCC is the cause of seizures in about 37% of otherwise healthy children >3 years of age. The prevalence of human cysticercosis has been estimated between 3% (based on autopsy studies) [5] and 9% (based on immunological data) [6]. However its true prevalence and association with neurological disorders at community level is largely unknown. The association of NCC with high prevalence of epilepsy in developing countries is mostly based on hospital studies [7–9].

NCC was found to cause nearly one-third of all cases of active epilepsy in both the urban and rural regions as per a study conducted in Vellore district of Tamil Nadu [10].

2. Material and Methods

The study was conducted in 2,209 individuals of 6 villages of Chhatta zone of Jammu district, the winter capital city of

Jammu and Kashmir state of India. The villages were randomly selected by simple random technique from a total of 36 villages of Chhatta zone with a total population of 30,975. Chhatta was chosen because of the presence of known cases of NCC as recorded by our Neurology Department. This choice was helped further by the willingness of community members to participate in operational research project.

Majority (60%) of population of Chhatta is directly or indirectly involved with transport business. Villagers in Chhatta take mixed diet (both vegetarian and non-vegetarian).

A door-to-door survey, covering a sample population of 2,209, was performed by a team of interns with the help of clinical epidemiologist from the Department of Community Medicine. A register was set up with one record for each family, containing data on age, gender, occupation, education, and number of family members. During a follow-up visit WHO protocol for assessing presence of neurological disorders was initiated [11]. This tool was used to quantify headaches, epilepsy, cerebrovascular disorders, extra pyramidal syndromes, and peripheral neuropathies and consisted of

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