

## A CROSS SECTION OF SKIN DISEASES IN BUNDELKHAND REGION, U. P.

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### Summary

An analysis of skin patients attending the dermatology and STD department of Maharani Laxmi Bai Medical College Hospital, Jhansi (U.P.) during the period between February, 1972 and December, 1975 is presented. 8.59% of the total number of patients who attended the hospital during this period had skin diseases. 65.33% of them were males and 34.67% females. Predominantly affected patients (37.24%) belonged to the age group of 16-30 years and showed a male to female ratio of 1.6:1.

Out of a total of 10354 skin patients seen, 53.18% had infective and 46.72% non-infective skin diseases. Cases of fungal infections (12.8%) were maximum in the infective and cases of allergy & eczemas (16.17%) in the non-infective group. The latter also represented the highest single etiological condition among the whole lot. The cases are classified and findings compared with other reports from the country.

In a country like India with different customs, religions, languages and even climates in different parts, a study of types of diseases seen in various regions is advantageous to those working in the field. The pattern of diseases in any particular area is determined to a significant degree by ecological factors. Human ecology may be defined as man's relationship to his environment which may be biological, geographical, emotional, hygienic, seasonal or meteorological. Prevalence of a disease may also depend on other ancillary factors.

In India there is a significant incidence of infectious disorders because of underdeveloped economy and social backwardness.

A number of workers have reported on the pattern of skin diseases from various parts of our country<sup>1-8</sup>. Similar reports are also available from other countries<sup>9</sup>. There is lack of such reports from Uttar Pradesh. The present study is intended to fill this gap in our knowledge and put ourselves in the mainstream.

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### Material and Method

Bundelkhand is a border division of Uttar Pradesh in its south western part. The district of Jhansi has a total population of 870,151 of which approximately 2/3 (633,115) is rural and 1/3 (237,036) urban. The population density is 130/sq. km. Maharani Laxmi Bai

Medical College Hospital, Jhansi caters to patients from most of the villages of this division and the neighbouring areas of Madhya Pradesh around this region.

The figures reported in this study are based on the diagnostic register of dermatology & STD department of Maharani Laxmi Bai Medical College Hospital, Jhansi (U. P.) and includes cases which were attended to both as in patients and out patients during a period between February 1972 and December 1975. Skin diseases were classified into two groups—infected and non-infected. Cases of sexually transmitted diseases were excluded from the present study.

**Observations**

It was seen that out of a total of 120,484 patients who attended the hospital during this period, 10,354 i. e., 8.59% had skin diseases (Table 1). Among the 10,354 skin cases seen 6,696 (65.33%) were males 3,658 (34.67%) and females (Table 2). Majority of patients were in the 16–30 years age group (37.24%) with a male to female ratio of 1.6 : 1 (Table 3). The general living and hygienic standards of these patients were poor and major-

ity of them belonged to the lower social and economic status. Literacy was very low.

TABLE 1

Showing distribution of skin cases in Number and as Percentage of total hospital attendance.

Year	Total Attendance	Skin Cases	Percentage
1972	24122	2202	9.13
1973	30587	1979	6.47
1974	34702	3589	10.34
1975	31073	2584	8.32
Total	120484	10354	8.59

TABLE 2

Sex distribution of Skin cases

Year	Total cases	Males		Females	
		No.	%	No.	%
1972	2202	1546	70.2	656	29.8
1973	1979	1308	66.1	671	33.9
1974	3589	2186	60.9	1403	39.1
1975	2584	1656	64.1	928	35.9
Total	10354	6696	65.33	3658	34.67

Out of a total of 10,354 skin cases seen, 5,506 (53.18%) had infected and 4,848 (46.72%) non-infected skin diseases (Table 4). Table 5 shows the yearwise distribution of different skin diseases in the two groups.

TABLE 3

Age and Sex distribution of Skin cases

Year	Total cases	Age Groups in Years											
		0—1		2—15		16—30		31—45		46—60		61 & above	
		M	F	M	F	M	F	M	F	M	F	M	F
1972	2202	29	17	287	109	579	308	473	172	166	46	15	4
1973	1979	26	22	253	117	499	329	398	167	121	33	11	3
1974	3589	123	67	588	462	751	501	491	278	213	88	20	7
1975	2584	90	39	568	351	577	312	339	184	69	36	13	6
Total	10354	268	145	1696	1039	2406	1450	1701	801	566	203	59	20

Total cases in different age groups

Percentage	3.99	26.41	37.24	24.16	7.43	0.76
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TABLE 4

Showing percentage proportion of infective and non-infective skin cases.

Type	Number	Percentage
Infective	5506	53.18
Non-Infective	4848	46.72
Total	10354	100.00

TABLE 5

Yearly distribution of Skin diseases

Diseases	1972	1973	1974	1975	Total
<b>INFECTIVE</b>					
Fungal Infections	375	234	365	352	1326
Leprosy	128	140	550	399	1217
Pyoderma	277	268	290	268	1103
Scabies	436	250	330	251	1267
Parasitic Infections	56	45	74	69	244
Viral Infections	39	38	106	57	240
T. B. Skin	13	21	43	32	109
Total	1324	996	1758	1428	5506
<b>NON-INFECTIVE</b>					
Allergy & Eczemas	335	367	640	333	1675
Deficiency Diseases	28	32	31	35	126
Bullous Diseases	3	7	10	15	35
Pigmentary Dermatoses	105	97	190	178	570
Psoriasis	28	25	55	42	150
Acne Vulgaris	34	45	65	56	200
Lichen Planus	9	7	18	6	40
Collagen Diseases	10	7	10	4	31
Miscellaneous Dermatoses	326	396	812	487	2021
Total	878	983	1831	1156	4848

Amongst the infective skin diseases, fungal infections (12.8%) and scabies (12.2%) were encountered most commonly followed by leprosy (11.75%) and pyoderma (10.65%). In the non-infective skin diseases group, allergy and eczemas (16.17%) topped the list (Table 6). Next common were pigmentary dermatoses (5.5%). The incidence of other diseases was comparatively low.

**Discussion**

In the present study, 53.18% of patients had infective and 46.72% had non-infective skin diseases. Infective

TABLE 6

Percentage distribution of Skin diseases

Diseases	Percentage
<b>INFECTIVE</b>	
Fungal Infections	12.80
Scabies	12.22
Leprosy	11.76
Pyoderma	10.65
Other Parasitic Infections	2.36
Viral Infections	2.32
T. B. Skin	1.05
<b>NON-INFECTIVE</b>	
Allergy & Eczemas	16.17
Pigmentary Dermatosus	5.50
Acne Vulgaris	1.93
Psoriasis	1.45
Deficiency Diseases	1.21
Lichen Planus	0.39
Bullous Diseases	0.34
Collagen Diseases	0.30
Miscellaneous Dermatoses	19.51

skin diseases comprised of 47%, 42%, 50%, 57% and 57% and non-infective skin diseases accounted for 39%, 54%, 50%, 28% and 28% of total skin patients who attended dermatology and STD departments of different hospitals at Bombay, Amritsar, Calcutta, Delhi and Vellore respectively<sup>1</sup> while Mehta<sup>2</sup> reported an incidence of 38% infective and 62% non-infective skin diseases from another hospital in Bombay. In a recent report from Kerala<sup>3</sup>, 46.85% of patients had infective and 53.15% had non-infective skin diseases. The variation in the incidence of infective and non-infective skin disease is due to the variation in the of patients attending such hospitals and stress is laid on the poor economy and hygienic conditions at places where infective diseases have high incidence.

In almost all the reports published, cases of allergy and eczemas had maximum incidence in the non-infective skin diseases group, while cases of fungal infections, scabies, pyoderma and leprosy were maximum in the infective skin diseases group. Our

figures are comparable to those of others except with regard to leprosy where the incidence is higher in the present study than in most of the other reports<sup>1,2,4,8</sup>. It is however much lower than that reported by Gass<sup>3</sup>.

The overall incidence of skin diseases in the present study is low as compared to 10.5% reported recently from Kerala<sup>8</sup>. The patients in the latter study were comparatively of better social, economic and hygienic standards and higher literacy levels than the majority of our patients who belonged to low social and economic status with poor hygienic standards and very low literacy. The lower incidence in our group is therefore surprising and one wonders if it represents a true low incidence, particularly when it has been observed that more of our patients suffered from infectious skin disorders than otherwise. Factors like lack of general and health education, limited monetary resources, and lack of consciousness regarding skin diseases may have accounted for a lower attendance in the hospital by the patients in

our area; thereby giving an incidence apparently lower than that reported in some other studies.

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