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COMPREHENSIVE REVIEW ON UNCOMMON MEDICAL CONDITIONS OF 2025

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ABSTRACT: The spread of infectious diseases, both emerging and well-known, remains a pressing concern this year. Infectious diseases continue to pose a serious threat in 2025, driven by factors like declining childhood vaccination rates and rising vaccine scepticism, especially with the potential return of a Trump-era health leadership. In Uganda's Bundibugyo district, a mysterious illness called "Dinga Dinga" has affected around 300 women and girls since 2023, causing tremors, paralysis-like symptoms, and difficulty walking. Similarly, Guillain–Barré syndrome, an immune-related nerve disorder, remains a concern. In Maharashtra's Buldhana district, over 150 people have experienced rapid hair loss due to a suspected 'Baldness Virus,' prompting investigations into water contamination and cosmetic product use. This review paper highlights an information on various disease cases identified in specific regions, along with insights into their diagnosis and available treatment options. The literature survey gives the emergence of several unusual and severe diseases that pose a significant threat to normal human life. By reviewing recent reports and findings, the paper aims to raise awareness about these health concerns and emphasize the need for further research and prompt public health responses.

INTRODUCTION: The diseases remain as the major causes of human and animal morbidity and mortality leading to significant healthcare expenditure. Many country has experienced the outbreaks and epidemics of many infectious diseases [1]. **Table 1** provides a summary of recent disease outbreaks, including the affected population and the number of symptomatic cases reported.

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Dinga Dinga Disease (The Dancing Plague): In today's interconnected world, the emergence of new infectious diseases poses an ever-growing challenge. One of the latest to raise global concern among scientists and health professionals is the Dinga Dinga Virus (DDV).

As globalization accelerates and environmental changes reshape the habitats of disease vectors, understanding novel viral threats like DDV becomes increasingly essential. This article delves into the origins, symptoms, transmission, and prevention strategies surrounding this alarming new virus. The emergence of Dinga Dinga Virus first detected in 2023 the Dinga Dinga Virus emerged from a previously unmonitored tropical

ecosystem. What initially seemed like a localized outbreak quickly garnered international attention due to its unique symptoms and rapid transmission. Scientists believe the virus originated from zoonotic hosts small mammals and birds and made the leap to humans *via* insect vectors, likely mosquitoes or ticks [2].

Since its appearance, DDV has spread to over a dozen countries, predominantly affecting tropical and subtropical regions. The virus's name, though unusual, is thought to come from a Sicilian dialect referring to a chronic nasal condition one of its earliest noted symptoms, alongside fever. But DDV is far more dangerous than its name implies. With a complex pathology and potentially fatal outcomes, it has become a matter of global public health concern.

The symptoms of DDV can vary widely, ranging from mild or asymptomatic cases to severe and life-threatening conditions. Early detection is critical for managing the illness and preventing complications.

TABLE 1: DISEASE POPULATION AFFECTED INFORMATION

Disease	Location	Symptoms	Possible Causes/Concerns	Cases Reported
Dinga Dinga	Bundibugyo, Uganda	Uncontrollable body tremors, difficulty walking, fever, sensations of paralysis	Unknown, under investigation	~300 cases since early 2023
Guillav in–Barré Syndrome	General (affects various regions)	Immune attack on peripheral nerves, leading to nerve dysfunction, muscle weakness	Autoimmune response, possible viral or bacterial infection triggers	Not specified
'Baldness Virus'	Buldhana, Maharashtra, India	Rapid hair loss	Potential water contamination, cosmetic product use	~150 affected, 400 total impacted

Common Symptoms:

High Fever: Often the first and most prominent sign of infection.

Severe Headache and Muscle Pain: These flu-like symptoms resemble those of dengue fever, making early diagnosis challenging.

Red Skin Rash: Typically appears on the face, trunk, and limbs about 1–2 weeks after the onset of fever.

Fatigue and Weakness: Persistent exhaustion is common, often lasting beyond the resolution of other symptoms.

Severe Symptoms:

Neurological Complications: In rare cases, the virus may cause encephalitis, leading to confusion, seizures, or even coma.

Hemorrhagic Symptoms: Some patients may experience internal bleeding, similar to viruses like Ebola.

Organ Failure: In the most critical cases, DDV can lead to liver or kidney failure, significantly increasing the risk of death. As new viruses like Dinga Dinga continue to emerge, vigilance, research, and early intervention are key. Understanding the virus's origin, recognizing symptoms, and promoting preventive measures can help mitigate its impact. With international collaboration and awareness, we stand a better chance of staying ahead of this and future viral threats [3].

Currently, there is no definitive cure for Dinga Dinga, and medical treatment is primarily aimed at relieving symptoms. Although antibiotics are being administered, the exact cause of the illness remains unknown.

The ongoing outbreak is having a major impact on the community. Frequent episodes of shaking hinder individuals from carrying out everyday activities. The absence of a clear diagnosis has led to widespread fear and uncertainty. The social and economic repercussions are considerable, as many people are unable to work or look after their families while ill which is summarised in **Fig. 1.**

Although the disease often resolves on its own, health professionals caution against the use of unverified remedies and urge individuals to seek

care at medical facilities. Continued research and access to proper healthcare are vital for uncovering the cause and protecting public health. While local health authorities and the government are striving to deliver necessary care, the persistent uncertainty surrounding the disease's origin and transmission poses a serious challenge to effective public health responses [4].

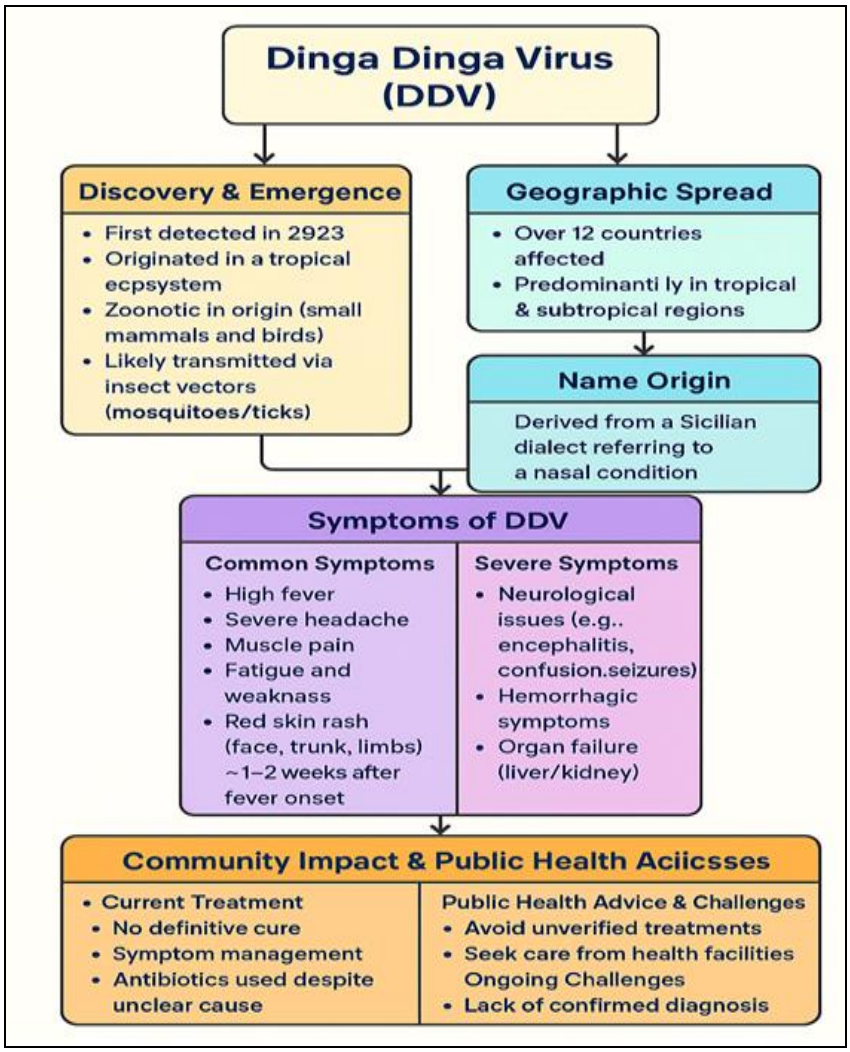

FIG. 1: SCHEMATIC REPRESENTATION OF DINGA DINGA DISEASE

Guillain–Barré Syndrome: Guillain-Barré syndrome (GBS) is a rare yet serious immune-mediated neuropathy that typically occurs after an infection. It involves an autoimmune attack on the peripheral nervous system, leading to symptoms such as numbness, tingling, muscle weakness, and potentially progressing to paralysis [5].

The exact cause of Guillain-Barré syndrome (GBS) is not fully understood, but it often develops after an infection caused by a virus or bacteria. In many cases, the immune system, triggered by the infection, mistakenly attacks the body's own nerves. One of the most common risk factors is infection with *Campylobacter jejuni*, a bacterium that causes gastroenteritis and symptoms like nausea, vomiting, and diarrhea. GBS can also follow viral infections such as the flu, cytomegalovirus, Epstein-Barr virus, and Zika virus [6].

Guillain-Barré syndrome can present with a variety of symptoms, which may include:

1. A tingling or "pins and needles" sensation in the fingers, toes, ankles, or wrists
2. Muscle weakness beginning in the legs and progressing upward
3. Difficulty walking or inability to walk or climb stairs

4. Problems with facial movements, such as speaking, chewing, or swallowing
5. Double vision or difficulty moving the eyes
6. Intense pain that may be aching, shooting, or cramp-like, often worsening at night
7. Loss of control over bladder or bowel functions
8. Rapid heartbeat
9. Abnormal blood pressure (either too high or too low)
10. Breathing difficulties [7].

Treatment for GBS: Measures include regular monitoring of respiratory function through frequent assessments of vital capacity and other clinical indicators, along with prompt transfer to the ICU when necessary. The Erasmus GBS Respiratory Insufficiency Score (EGRIS) can support this decision-making process by estimating the likelihood of a patient requiring mechanical ventilation upon hospital admission.

Additional key measures involve cardiac and hemodynamic monitoring for signs of autonomic dysfunction, prophylaxis for deep vein thrombosis, management of potential bladder and bowel issues, early initiation of physiotherapy and rehabilitation, and provision of psychosocial support. **Fig. 2** summerizes the treatment line for GBS [8].

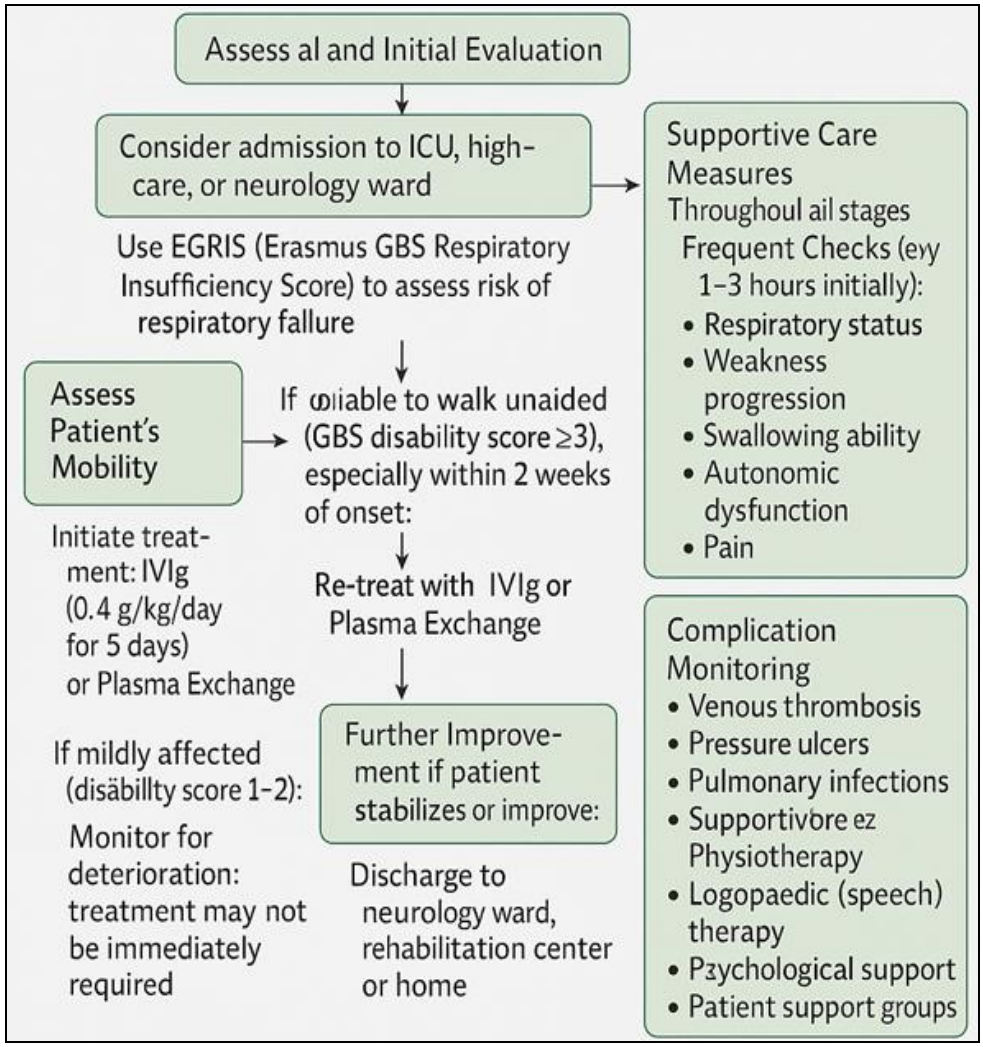

FIG. 2: TREATMENT FOR GBS PATIENT

Acute Baldness Disorder: In recent days, a strange and concerning phenomenon known as the 'Baldness Virus' has surfaced in several villages within Maharashtra's Buldhana district. The most affected areas include Kalvad, Bondgaon, Hingna, and surrounding regions. Reports reveal that more

than 150 residents have suffered from sudden and rapid hair loss, with many going completely bald in just three days [9].

Reports indicate that residents in the affected villages first experienced severe itching on their scalps, followed by rapid and excessive hair loss at the slightest touch. In many cases, individuals lost all their hair within just three days, sparking widespread alarm throughout the region. Local authorities and medical experts are actively investigating the situation, but the exact cause of this mysterious condition remains undetermined.

Health Department Responds, Water Samples Under Examination: In light of the unusual outbreak, the health department has launched an investigation in the impacted villages. Officials are conducting medical evaluations and have collected water samples from the region for testing. These tests aim to determine whether contaminated water could be the source of the outbreak, and the results are expected to provide crucial insights into the cause of the condition [10].

In the villages of Buldhana district, Maharashtra, a concerning outbreak of sudden hair loss has primarily affected young women. The initial symptoms reported included intense scalp itching, headaches, fever, tingling sensations, and in some cases, vomiting and loose motions. These symptoms were soon followed by rapid hair loss, with many individuals experiencing complete baldness within just three to four days.

In response, health officials collected various samples, including wheat distributed through local ration shops as well as blood, urine, and hair from the affected individuals. Upon investigation, Dr. Himmatrao Bawaskar from Bawaskar Hospital in Raigad found that the wheat, sourced from Punjab and Haryana, contained selenium levels up to 600 times higher than that found in locally grown wheat. Patients showed significantly elevated selenium levels 35 times higher in blood, 60 times higher in urine, and 150 times higher in hair along with notably reduced zinc levels.

The conclusion drawn from these findings is that excessive selenium intake from the wheat was the direct cause of alopecia in the affected individuals. The high selenium content was not due to contamination but was naturally present in the wheat from Punjab and Haryana, which appears to have particularly high selenium bioavailability [11].

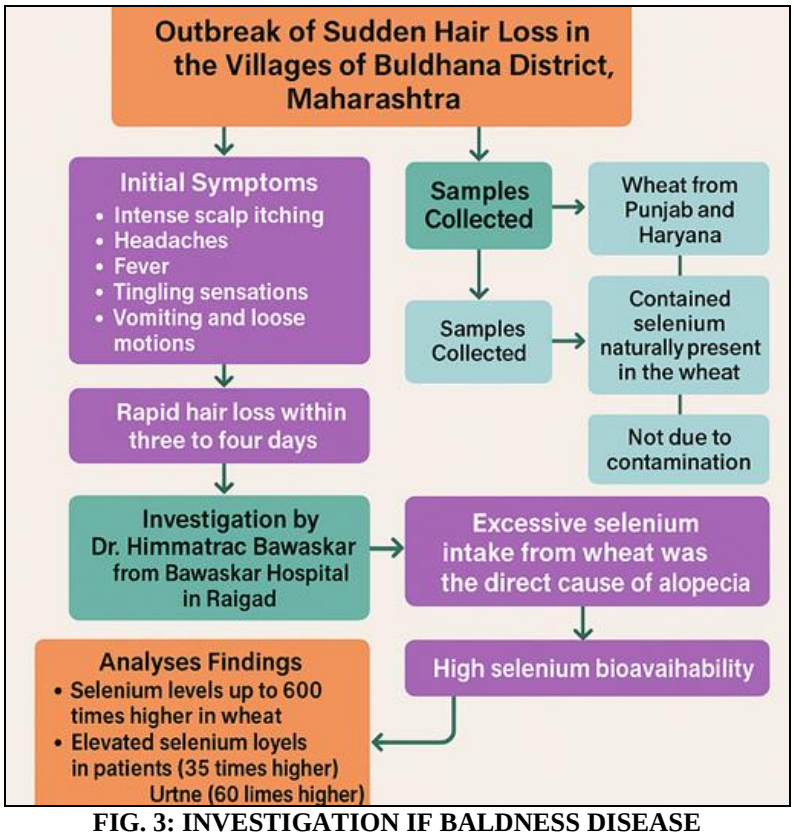

FIG. 3: INVESTIGATION IF BALDNESS DISEASE

Following the hair loss outbreak, a new wave of concern has swept through at least five villages, as residents now report deformities and the shedding of fingernails and toenails.

Dr. Anil Bankar, a health officer with the Buldhana health department, confirmed the emerging issue of 39 people across five villages are showing signs of nail deformities, with some experiencing complete nail detachment. They have received initial treatment and will be referred to hospital for further evaluation." District health officer Dr. Amol Gite attributed the likely cause of both hair and nail loss to elevated selenium levels in the body. Earlier, an investigative team from the Indian Council of Medical Research (ICMR) had also identified abnormally high selenium levels in the blood and hair samples of individuals affected by the unexplained hair loss [12, 13].

The world continues to grapple with a range of health challenges that extend beyond the lasting impact of the COVID-19 pandemic. Experts caution that certain infectious diseases could escalate into major global threats, potentially affecting millions. Despite progress in medical science, illnesses such as bird flu, malaria, HIV, and tuberculosis remain serious concerns. As these diseases continue to evolve, it is essential for health authorities to remain alert and ready to confront future public health crises [14].

DISCUSSION: The world continues to face serious health threats from emerging and existing infectious diseases, including the newly identified Dinga Dinga Virus (DDV) and Guillain–Barré Syndrome (GBS). DDV, first detected in 2023, is believed to have originated from insect-borne transmission in tropical regions [4]. It causes symptoms ranging from fever and rashes to severe neurological and organ complications. Though there's no cure yet, treatment is symptomatic, and the disease has major social and economic impacts. GBS, a rare autoimmune disorder often triggered by infections like Campylobacter jejuni, can lead to paralysis and requires critical care and rehabilitation for recovery [6]. In Maharashtra's Buldhana district, a mysterious outbreak caused sudden hair loss and nail deformities, especially among young women. Investigations linked this to excessive selenium exposure from wheat distributed via ration shops. Selenium levels were drastically higher than normal, pointing to naturally selenium-rich wheat from Punjab and Haryana as the cause, not contamination [9]. Authorities are conducting further tests, including water sample analysis, as residents continue to experience distressing symptoms and uncertainty.

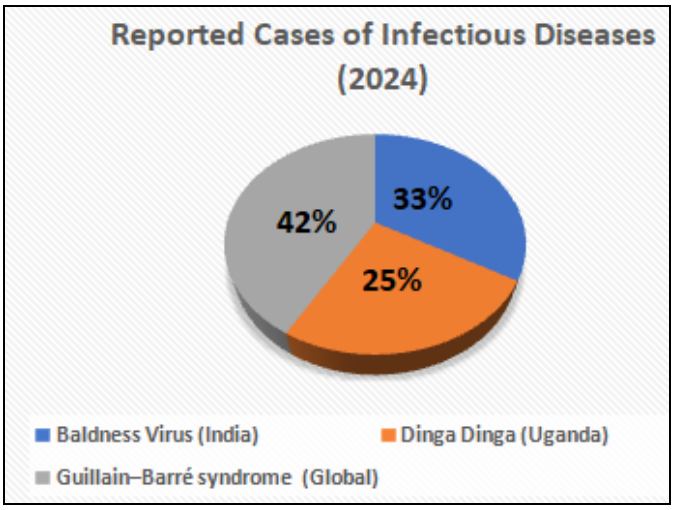

FIG. 4: ABSTRACT INFORMATION OF DISEASE OUTBREAK [15, 16, 17]

This review article presents comprehensive information on newly emerging and investigable diseases that have not been previously documented in many cases. Given their novelty, these conditions require in-depth analysis to enable accurate diagnosis and effective treatment. The article emphasizes understanding the causes and symptoms of each disease, noting that while symptomatic treatment may provide temporary relief, a deeper understanding of disease pathogenesis is essential for developing targeted therapies.

Furthermore, the review highlights the importance of post-recovery care to support faster and more complete healing, which depends heavily on appropriate medication and nutritional support. It also advocates for the integration of artificial intelligence (AI) to systematically store data, track symptoms, and help identify potential deficiencies, thereby aiding in early detection and improved disease management. Although the mortality rates associated with these diseases may be relatively low, the complexity of treatment poses a significant challenge. Therefore, a multidisciplinary approach combining medical expertise, technological tools,

and patient-centered care is vital for effective disease control and recovery.

CONCLUSIONS: The emergence of novel and poorly understood diseases such as the Dinga Dinga Virus (DDV), Guillain–Barré Syndrome (GBS), and selenium toxicity-related outbreaks in regions like Buldhana underscores the urgent need for robust public health surveillance, comprehensive research, and adaptive healthcare strategies. These conditions, while varying in origin and severity, present common challenges in terms of diagnosis, treatment, and long-term patient management. Given the absence of definitive cures for many of these illnesses, the focus must shift toward symptomatic relief, prevention, and especially post-recovery care, supported by nutritional and rehabilitative interventions. This review highlights the necessity of understanding disease pathogenesis to facilitate the development of targeted therapies. It also stresses the critical role of emerging technologies particularly artificial intelligence in tracking patient data, identifying patterns, and enabling early intervention. With relatively low mortality rates but high treatment complexity, a multidisciplinary, patient-centred approach that blends medical science with technological innovation is essential. Only through such integrated efforts can we enhance disease management, mitigate socio-economic impacts, and improve health outcomes in the face of evolving infectious and environmental health threats.

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