

# Drugs May Deteriorate Diarrhoea

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**A**CUTE diarrhoeal diseases are considered to be a major public health problem in India and also in many parts of the world today. Nearly a decade ago in most episodes of diarrhoea in young children, no known cause could be attributed; mainly because no bacterial or viral pathogens could be isolated from as many as 80% of patients. With the invention of electron microscope, the knowledge and understanding of enteric infections has improved. Significant advances have been made in recent years with respect to the causative agents, epidemiology, pathophysiology and immunology of viral gastroenteritis. Viruses are now known to be the most common infection agents causing acute diarrhoea in young children.

Rotaviruses are the commonest group causing diarrhoea in childhood throughout the year. Rotaviruses are highly infectious and survive for long periods in the environment. Viruses are present in diarrhoeal faeces in large numbers and spread from person to person.

The contamination process is fastened because there is a general belief that faeces of infants and young children are not considered as harmful as that of adults. This belief leads to the casual approach adopted by the mothers in cleaning the soiled nappies of the babies. The infant's stools are regarded harmless as compared to the adults' stools. Rotavirus diarrhoea occurs in all age groups but is most severe in infants and young children. The faeces of young child are a potent source of infection within the family and germs are easily transmitted to the other members of the family.

In young patients watery diarrhoea preceded by vomiting is suggestive of Rotavirus infection. Dehydration occurs particularly rapidly because of the vomiting.

Treating diarrhoea effectively and reducing the morbidity and mortality rate of children who suffer from diarrhoea is high up on the priority list of the country's health front.

It has been documented that a large number of children suffering from diarrhoea do not die from the disease but because of mismanagement. The chief cause of death is dehydration. It is an age old practice that the person be it a child or an adult should be starved and the gut given rest to recoup from diarrhoea. Many a times fasting is imposed when a child has diarrhoea and vomiting and this puts the child into a state of severe dehydration. Very soon the child gets malnourished and a state of paediatric emergency results.

The panicky family members who have driven the child to such an acute stage within a short span of time are compelled to take the child to the doctor and put the child on medicines.

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Antibiotics are helpful only if these bacteria are sensitive to those antibiotics. It has been noticed that in a large number of cases, diarrhoea is caused by virus and is not affected by antibiotics. Only a few specific cases really require antibiotics.

Pectin, Kaolin, chalk are another category of drugs which are commonly administered in combination with antibiotics. These constipating mixtures do lessen the fluidity of motions but are neither a cure to minimizing the infectious process nor to the changes that lead to intestinal fluid loss. On the contrary they facilitate microbial attachment to the intestinal wall.

Another group of drugs that are used is the antimotility medicines which lower the motility of the gut. By doing so they retain the diarrhoeal fluid within the intestines and thus are concealing the diarrhoea and not treating and these at times produce toxic symptoms.

All these leave a child in a state of dehydration and toxicity with starvation.

The most recommended treatment for diarrhoea in children is:

1. Administration of Oral Rehydration Solution.
2. Continue feeding the baby. Liberal dietary intake during diarrhoea prevents undernutrition.
3. Do not give any medicines to the child till the child has been properly examined.
4. Stool examination may be required before the child is put on specific antibiotic therapy.
5. Sanitary disposal of the soiled nappies and the stools of the child.
6. Hand washing should be done more liberally.
7. As soon as the child recovers from the episode of diarrhoea get the child immunized for the six killer diseases such as tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis and measles.
8. Breast feed the child for a period of one to one and a half years.
9. Small frequent feeding until the vomiting stops.
10. Good weaning practices which mean 'The when', 'The What' and 'The How'; the weaning foods should be introduced neither too soon nor too late, they should be nourishing, locally available, hygienically prepared.

Oral rehydration therapy and the promotion of breast feeding with good weaning and certain vaccinations sharply reduce the risk of severe disease and death due to acute diarrhoeal disease.

## References

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