Acute Diarrhoeal Diseases

A Malady in Children

HARI KRISHNAN NAMBIAR

WOMEN and children are classified as 'High Risk Group' in our society—the mothers becoming victims of maternal morbidity and mortality during the child bearing and rearing period. As regards children acute diarrhoeal diseases are the number one cause of increased I.M.R. which could be prevented by educating the mothers by the health pesonnel engaged in preventive and curative work in our society.

Causes of Diarrhoeal Diseases in Children

In spite of the fact that Diarrhoeal diseases could be prevented to a large extent, it is found that IMR due to this malady still remains and poses a threat to the health authorities. The causes of this condition could be categorically classified as follows :

1. Inadequate knowledge of childbearing and child rearing practices.
2. Unhygienic environment.
3. Bottle feeding-faulty preparation of feeds, improper sterilization of the teeth, of the feeding bottles, contamination of feeds at various sources etc.
4. Faulty technique of child-weaning practices.
5. Malnutrition and infectious diseases.
6. Infestation with intestinal worms like E. Coli and Rotta viruses, etc.

The above are some of the few causes, but the contributory causes pertaining to religious and other ecological factors are found manifold both in the upper and lower strata of our society.

Causes of Mortality

It is a usual practice in many families that the mother withholds all the feeds including breastmilk, when a child develops Diarrhoea. This rasults in dehydration, which eventually kills the child. Unchecked stools and resulting dehydration throws the blood electrolytes in disparities. This creates a vicious circle in association with resultant shock and eventually death occurs.

Management

Monitoring the degree of dehydration is the core in in the management of Diarrhoeal diseases. But it is not a practical approach as far as children living in the lower strata of our society are concerned. Hence it is obligatory on the part of the mothers by switching on to oral rehydration by simple administration of sugar and salt water which can be prepared in the home itself. Once this is started, dehydration and the resulting shock and fatality due to Diarrhoea could be prevented to a large extent. Consequently, the child could be transferred to a PHC or a major institution for therapeutic management. Intervention with intervenous infusions are a must in severe cases with associated shock.

Oral Rehydration Fluids

They are mainly meant to provide rehydration in children becoming prone to Diarrhoea. They are of two types-home made fluids and Oral Rehydration solution prepared under a primixed formula.

Home made fluids could be prepared by the mothers themselves. ORS prepared under premixed formula are supplied by Health Directorate to the PHCs, subcentres etc to be used in the village set-up. The same packets are supplied by UNICEF too and the composition of which are as follows : Sodium Chloride 3.5 gms; Pottasium Chloride 1.5 gms; Sodium Bicarbonate 2.5 gms (Backing Soda), Glucose or Sucrose : 20 to 22 gms.

The above packet could be dissolved in 1000 ml of boiled and cooled water or safe drinking water and administered at intervals.

Value of Breast Feeding

As indicated elsewhere, the misplaced fear found among certain mothers that breast feeding during the episodes of Diarrhoea is contra-indicated has to be rooted out. It is a scientific fact that breast-fed children suffer from less episodes of Diarrhoea, than those who are bottle-fed. Apart from providing necessary nourishment, the Immunoglobulins present in the breastmilk help the therapeutic treatment given at the time of Diarrhoea to be more effective. In this connection I would like to invite the attention of the readers to the booklet published by the INIS (Infant Nutrition Information Service) New Delhi, which could be obtained on request.

Health Education and its Values

The World Health Day 1984 stipulates the necessity to safeguard the healthy minds and bodies of the world's children. One of the best ways to achieve this strategy is by Health Education. Of course the results achieved through health education, as everybody knows, are slow but steady and far-reaching. Let us take a pledge as Nurses, that we would atleast spare few minutes in a day when we happen to meet mothers of childbearing age to spread the norms of health of their babies, so that by 2000 AD, when we achieve the target of 'Health for All', the Diarrhoeal diseases would be a legend of the past !