

EDITORIAL

DIARRHOEAL DISEASES OF CHILDREN

Diarrhoeal diseases account for a large part of the work of a pediatrician in this country ; about 20% of the total admission in a pediatric ward are diarrhoea cases. The reason for such widespread incidence is to be sought in low economic level of the people, ignorance of mothers and doctors in modern methods of feeding, bad environmental conditions, adulterated milk and food etc. Many mothers do not feed their children for the fear of a relapse and continue to give barley water, glucose water or other starvation diet for a prolonged period as they do not get proper guidance even from doctors. Doctors, on the other hand, do not get any worthwhile pediatric training during their undergraduate medical course. As a result of such mismanagement gross malnutrition occurs in children during the post-diarrhoeal stage, leading to permanent disability.

Diarrhoea is a preventible disease and every country which attempted to control morbidity and mortality of children began by controlling diarrhoeal diseases. Unlike the control of small-pox or other virus diseases, which can only be done by individual approach, that is, by vaccinating every individual, the approach to the problem of diarrhoea is not individual. It can be more easily done by general hygienic measures such as providing safe water and unadulterated milk, proper storage and distribution of food and efficient conservancy system. Such measures would not only control diarrhoeal diseases but also all forms of water or food-borne diseases like cholera, dysentery typhoid fever etc, which are endemic and epidemic in India. Health education can also be undertaken on a mass scale at welfare centres, schools, hospitals or over the radio and through leaflets.

Sulpha drugs and anti-biotics have given us a valuable aid in the treatment of diarrhoea but they are not a substitute for dietetic and fluid therapy. It is often erroneously thought that antibiotics would bring about a miracle in diarrhoeal diseases. The correction of electrolyte balance and feeding are sometimes

more important than specific drug therapy. Proper feeding is an essential part in the treatment of diarrhoea.¹

It has been proved that feeding can be safely done even in a condition of intestinal intolerance. Increasing the amount of nutrients, it is possible to get increased absorption through the intestinal epithelium. In disease as well as in health, the absorption of food is roughly proportional to the intake. These considerations have led to the practice of liberal oral feeding rather than oral feeding restriction in diarrhoea.² Those who have knowledge of *Ayurveda* would also find a corroboration of this dictum. Ayurvedic system categorically states "Feed a child with diarrhoea". Of course, oral feeding is not a substitute for parenteral therapy but oral feeding should be done to the extent to which it is useful. More children die of starvation than of over-feeding in diarrhoea.

The role of coliform bacillus in the etiology of so-called non-specific diarrhoea has been the subject of long controversy. The use of antibiotics has opened up a new phase in the understanding of the usefulness or otherwise of the intestinal flora. There is a very delicate synergism and symbiosis of bacterial contents of the intestines. The prolonged and indiscriminate use of antibiotics can sterilise the intestinal tract in such a manner as to allow the pathogenic bacteria to take the place of useful ones or convert them into very resistant strains. It can also interfere with the synthesis of vitamins and other essential products in the body.³ The discovery of antibiotics has ushered in a new era of usefulness, and has also created new risks. The problem of diarrhoeal diseases has to be solved by better public health measures, health education and careful training of doctors in child health, particularly in infant feeding.

¹ Dobbs, R., *Les Antibiotiques et les Maladies de L'Enfance*, p. 43, 1952.

² Emmet Holt, *Quart. Rev. Pediatrics*, 9: 1, 1954.

³ Baumgärtel, ter., *Klinische Darmbakteriologie*, V, 1954.