

PROF. MADHU DANDAVATE : I suggest on every question you ask a supplementary.

Cheap Cure for Dehydration

*79. **DR. KRUPASINDHU BHOI :** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether a "Cheap and do-it-yourself" cure has been found for dehydration—the single biggest killer of children now-a-days ;

(b) if so, the details thereof ; and

(c) the time by which the proposed medicine or formula will be available in the market and how far it is likely to safeguard the lives of children ?

THE MINISTER OF STATE IN THE DEPARTMENT OF HEALTH (SHRI YOGENDRA MAKWANA) : (a) to (c). Yes, Sir. A glucose-salt mixture called oral rehydration salt (ORS) has been developed to combat dehydration in children. The mixture has been found to be very effective in combating dehydration and prevents mortality. It is already available in the market. ORS packets are also being supplied by Central Government for distribution through Health Guides at the Primary Health Centres.

DR. KRUPASINDHU BHOI : Hon. Speaker, Sir, I must congratulate the Minister because he has given a very brief reply on the subject but the task is gigantic. According to the Alma At a Declaration, signed by our late Prime Minister Shrimati Indira Gandhi, which was discussed by Dr. Koko, who is the Regional Director of the World Health Organisation for the South-East Asian countries and the developing nations, he has attributed the causes of infant mortality and children mortality to diarrhoea, respiratory diseases and lack of other immunisation programme. Basing on this, what are the contributory factors, particularly, the break-up of infant mortality and children mortality rate, due to diarrhoea in our country ? And have the I.C.M.R. people been given any responsibility to probe into this particular subject

and what is the percentage by which we can reduce the infant mortality rate and children mortality rate ? Secondly, what are the major components which were prescribed by W.H.O. for this particular disease—oral rehydration kit or oral dehydration salt, there is 'a controversy on it. So, my question was, about this "Cheap and do-it-yourself" cure. How can laymen know about it and how health training can be imparted ? Which are those agencies which can be available at the doorstep of lay people to guide mothers and families ?

SHRI YOGENDRA MAKWANA : I agree with the honourable Doctor that the task is gigantic and according to the Alma At a Declaration which we have signed and according to the opinion expressed by Dr. Koko, this disease requires to be handled properly, because the main, or majority of the causes for infant mortality are due to diarrhoea. There are no separate figures available with me about infant mortality. I have with me figures of mortality due to diarrhoea which include cholera and gastroenteritis also.

The figures are available with me, from 1980 onwards, and if the hon. Member wants I can give them. For the year 1983 the number of cases was 52,90,065 and the number of deaths was 4,954. The provisional figures for 1984 are 60,37,723 cases and number of deaths is 4,888. There are a number of reasons for this and this is such a disease where water is lost from the body, salt is also lost from the body and therefore the easiest solution is to give a mixture of salt and glucose. The home made solution is salt and sugar.

PROF. N. G. RANGA : Sugar and water.

SHRI YOGENDRA MAKWANA : Yes, sugar and water, because without water it will not be dissolved . . . I stand corrected. This is the home-made medicine for diarrhoea.

Village Level Workers, A.N.M. workers and doctors working in the Primary Health

Centres are also there so that they can guide the people in the rural areas. On several occasions seminars and training courses are held which are attended by the Village Health Workers, who, in their turn, train the village people. The best treatment is breast-feeding by the mothers to the infants because in case of diarrhoea if they continuously feed the child by breast-feeding, then also it helps. Liquid in any form like fruit juice and rice kanji will also help in these cases.

DR. KRUPASINDHU BHOI : I wanted to know the recommendations of the WHO. The formula is common salt, sodium bicarbonate and potassium chloride are mixed with one litre of boiled water. Then we mix sugar or glucose 20 gm. But the crux of the problem is that with that we are not mixing any antiseptic solution which is prevalent throughout the country. He can advise the mothers the alternative suggestions that are there in the country. The homemade antiseptic is : have a glass of milk, pour some drops of lemon in it, boil it, throw the solid part and the water acts as antiseptic. Mix it with the solution. That is why, I wanted to ask the Minister taking in to consideration the geo-physical conditions of our country whether ICMR is doing some investigation keeping an eye on the climates of our country. According to the Alma At a Declaration, is there any relation between the population control, repeated pregnancy and spacing of pregnancy by which the children may not be susceptible to the menace of diarrhoea ?

SHRI YOGENDRA MAKWANA : Yes, there is a relation. Even in family planning programme, we give more importance to the health care because only a healthy mother and healthy father can produce a healthy child. If there are healthy children, then they will try to have family control. Otherwise, if there is a fear of mortality, then nobody would like to go in for birth control.

He wanted to know the formula of oral rehydration salt. It is like this : Sodium Chloride 3.5 gm, potassium chloride 1.5 gm, sodium bicarbonate 2.5 gm., glucose 20 gm.

ORS packets are available in the market.

But the home made medicine i.e. salt and sugar can also work in these cases.

DR. T. KALPANA DEVI : About 2⁰⁰ children below the age of one year die every day. What are the preventive measures being taken so far in the rural areas ? What are the measures taken for population control, health care for infants and medical education in rural areas ?

SHRI YOGENDRA MAKWANA : There are two-pronged strategies in order to meet this problem. There are short-term and long-term measures which should be taken. The short-term measures are : training of medical and para-medical personnel ; increasing production and distribution of ORS, education of mothers and the community members in the use of oral rehydration therapy ; formulation of proper strategies towards continuous breast-feeding and whenever possible to appropriate weaning-feeding practices and operational/health services research for identification of the suitable strategy for implementation. The long-term measures are : provision of safe drinking water supply, improvement of sewage disposal system, improvement in general environmental situation and health and nutritional education of the people.

Both these strategies are in operation and the Government tries to solve the problem with this two-fold strategy. There is a chain of Village Workers, Sub-Centres and Primary Health Centres which are looking after the promotion of health, prevention of diseases and curing of diseases. More importance is given to the promotive and preventive aspects and in every village with a population of 1,000 or less, there is a Village Health Worker besides a Sub-Centre and a Primary Health Centre. So, all these are for the prevention of diseases including diarrhoea.

Schemes to Help Expectant and Nursing Mothers

*80. **SHRIMATI KISHORI SINHA :** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) the existing and proposed schemes to help expectant and nursing mothers ; and