



NUTRIONAL DEFICIENCIES OF CHILDERN WITH HOMOEOPATHIC MANAGEMENT

JV'n Dr. Ritu Sharma

JAYOTI VIDYAPEETH WOMEN'S UNIVERSITY, JAIPUR

UGC Approved Under 2(f) & 12(b) | NAAC Accredited | Recognized by Statutory Councils

Printed by : JAYOTI PUBLICATION DESK Published by : *Women University Press* Jayoti Vidyapeeth Women's University, Jaipur

Faculty of Homoepoathic Science

Title: NUTRIONAL DEFICIENCIES OF CHILDERN WITH HOMOEOPATHIC MANAGEMENT

Author Name: Dr. Ritu Sharma

Published By: Women University Press

Publisher's Address: Jayoti Vidyapeeth Women's University, Jaipur Vedant Gyan Valley, Village-Jharna, Mahala Jobner Link Road, NH-8 Jaipur Ajmer Express Way, Jaipur-303122, Rajasthan (India)

Printer's Detail: Jayoti Publication Desk

Edition Detail:

ISBN: 978-93-94024-54-0

Copyright C - Jayoti Vidyapeeth Women's University, Jaipur

TABLE OF CONTENTS

S.No.	CONTENTS	PAGE
		No.
1	INTRODUCTION	1-1
2.	TYPES OF NUTRITION	2- 15
3.	MALNUTRITION	16
	I) TYPES OF NUTRITION	17-18
	II) CHILD MALNUTRION	18-19
	III) DIAGNOSIS OF CHILD	19-22
	MALNUTRION	
5.	HOMOEOPATHIC MANAGMENT	23-28
4.	REFERENCE	29

NUTRIONAL DEFICIENCIES OF CHILDERN WITH HOMOEOPATHIC MANAGMENT

INTRODUCTION

Nutrient deficiencies are prevalent worldwide. Malnutrition remains widespread. Nutrient deficiencies of iron, vitamin A, folic acid and zinc are prevalent worldwide, especially in children from low income areas. Diseases and morbid conditions have been described to result from nutritional deficiencies. It is essential to address nutrient deficiencies as these may lead to chronic long-term health problems such as rickets, iron deficiency anemia, goiter, obesity, coronary heart disease, type 2 diabetes, stroke, cancer and osteoporosis. The lack of sufficient amounts of micronutrients affects health, function, and physical and cognitive development throughout the life cycle. ⁽¹⁾

Almost two-thirds of deaths of young children around the world are related to nutritional deficiencies.⁽²⁾

Micronutrients are essential to sustain life and for optimal physiological function. Widespread global micronutrient deficiencies (MNDs) exist, with pregnant women and their children less than 5 years at the highest risk. Iron, iodine, folate, vitamin A, and zinc deficiencies are the most widespread MNDs, and all these MNDs are common contributors to poor growth, intellectual impairments, perinatal complications, and increased risk of morbidity and mortality. Iron deficiency is the most common MND worldwide and leads to microcytic anemia, decreased capacity for work, as well as impaired immune and endocrine function. Iodine deficiency disorder is also widespread and results in goiter, mental retardation, or reduced cognitive function. Adequate zinc is necessary for optimal immune function, and deficiency is associated with an increased incidence of diarrhea and acute respiratory infections, major causes of death in those <5 years of age. Folic acid taken in early pregnancy can prevent neural tube defects. Folate is essential for DNA synthesis and repair, and deficiency results in macrocytic anemia. Vitamin A deficiency is the leading cause of blindness worldwide and also impairs immune function and cell differentiation. Single MNDs rarely occur alone; often, multiple MNDs coexist. The long-term consequences of MNDs are not only seen at the individual level but also have deleterious impacts on the economic development and human capital at the country level. ⁽³⁾

TYPES OF NUTRITION

The seven major classes of nutrients are

- 1. Carbohydrates,
- 2. Proteins
- 3. Fats,
- 4. Minrals,
- 5. Fibers,
- 6. Vitamins, and
- 7. Water.

Nutrients can be grouped as either macronutrients or micronutrients (needed in small quantities). Carbohydrates, fats, and proteins are macronutrients, and provide energy. Water and fiber are macronutrients but do not provide energy. The micronutrients are minerals and vitamins.⁽⁴⁾

1. Carbohydrates

While the latest diet trend is to "cut the carbs," carbohydrates are actually the body's most important source of energy. They help a child's body to use fat and protein for building and repairing tissue. Carbohydrates come in several different forms (sugars, starches, and fiber), but kids should be eating more of the starches and fibers and less of the sugar. Foods that contain high levels of carbohydrates include:

- Breads
- Cereals
- Rice
- Crackers
- Pasta
- Potatoes



2. Protein

Protein helps a child's body build cells, break down food into energy, fight infection, and carry oxygen. Foods that contain high levels of protein include:

Meat

Poultry

Fish

Eggs

Nuts

Beans

Dairy products



3. Fats

Fats are a great source of energy for kids and are easily stored in a child's body. They are also important in helping the body to properly use some of the other nutrients it needs. Foods that contain high levels of fats include:

Whole-milk dairy products

- Cooking oils
- Meat
- Fish
- Nuts





10 CASHEWS = 12G FAT



1 BAR = 12G FAT



1 TBSP = 4G FAT

4. Minerals



Calcium

Calcium is essential in helping to build a child's healthy bones and teeth. It's also important for blood clotting and for nerve, muscle, and heart function. Foods that contain high levels of calcium include:

Milk

Cheeses

- Yogurt
- Ice cream
- Egg yolks
- Broccoli
- Spinach
- Tofu

i. Iron

Iron is necessary for a child to build healthy blood that carries oxygen to cells all over the body. Foods that contain high levels of iron include:

- Red meats
- Liver
- Poultry
- Shellfish
- Whole grains
- Beans
- Nuts
- Iron-fortified cereals

Folate

Folate, necessary for soon-to-be moms, is also very important for kids. One of the B vitamins, folate is necessary for healthy growth and development of a child's cells. Lack of this vitamin can cause anemia. Foods that contain high levels of folate include:

• Whole-grain cereals

- Lentils
- Chickpeas
- Asparagus
- Spinach
- Black or kidney beans
- Brussels sprouts

5. Fiber

Fiber helps produce bowel regularity in a child. It can also play a role in reducing the chances

of heart disease and cancer later in life. Foods that contain high levels of fiber include:

- Whole-grain cereals
- Chickpeas
- Lentils
- Kidney beans
- Seeds
- Nuts

6. Vitamin

i. Vitamin A

Vitamin A serves a variety of purposes in kids and adults. It helps growth, assists the eyes in adjusting to dim and bright lights, keeps skin healthy, and works to prevent infection. Foods that contain high levels of Vitamin A include:

- Carrots
- Sweet potatoes
- Squash
- Apricots
- Spinach
- Broccoli
- Cabbage

- Fish oils
- Egg yolks



ii. Vitamin C

Vitamin C does more than just fighting off the common cold. It also holds the body's cells together, strengthens the walls of blood vessels, helps the body heal wounds, and is important for building strong bones and teeth. Foods that contain high levels of Vitamin C include:

- Citrus fruits (such as oranges)
- Strawberries
- Tomatoes
- Potatoes
- Melons
- Cabbage
- Broccoli
- Cauliflower
- Spinach
- Papayas
- Mangos⁽⁴⁾



iii. Vitamin D-

Vitamin D is needed to keep our body functioning well. Vitamin D helps with strong bones and may help prevent some cancers. Symptoms of vitamin D deficiency can include muscle weakness, pain, fatigue and depression. To get enough D, look to certain foods, supplements, and carefully planned sunlight.

Vitamin D Deficiency is also called as Hypovitaminosis D and is very common form of nutritional deficiency and it is closely associated with calcium level in blood as it plays a major role in calcium regulation in body.

Vitamin D also called Cholecalciferol is a Fat Soluble Vitamin produced naturally in skin where a precursor 7-Dehydrocholestrol is converted into Pre- Cholecalciferol through conrotatory pathway when exposed to Ultra Violet B (UV-B) rays present in sunrays having wavelenght between 290nm-315nm causing electrocyclic reactions with optimal synthesis between 295nm-300nm when exposed for several minutes to form equilibrium.

This Pre-cholecalciferol finally undergoes (1, 7) antarafacial sigmatropic rearrangement to finally isomerize into cholecalciferol, which an inactive form of Vitamin D.

Cholecalciferol further undergoes Hydroxylation in Liver whith help of 25-Hydroxylase in Hepatocytes and is converted to 25-Hydroxycholecalciferol (Calcifediol) which is an inactive form.

Calcifediol further undergoes Hydroxylation in kidney with help of 1- α -Hydroxylase to form (1, 25)dihydroxycholecalciferol(Calcitriol) which is an active form of Vitamin D. Parathyroid hormone tightly regulates amount of active Vitamin D circulating in blood by controlled activation of 1- α -hydroxylase.

Vitamin D Deficiency is usually caused due to

- Insufficient exposure to Ultra Violet B radiation from Sun. Person with dark skin color are more prone to its deficiency as melanin pigment absorbs UVB and doesn't let it penetrate in skin sufficient enough to activation Vitamin D synthesis. Also use of sunscreen preparations doesn't let sufficient penetration of UVB. Also time and period of exposure, altitude, longitude presence of clouds type of clothing worn by person etc determines its amount of absorption and penetration in skin.
- Insufficient dietary intake of Vitamin D.
- Cholecalciferol(Vitamin D) is converted into 25-Hydroxycholecalciferol in liver. In certain liver diseases this step of metabolism is disturbed and vitamin D is not converted into 25-Hydroxycholecalciferol(Calcifediol).
- 25-Hydroxycholecalciferol(Calcifediol) is further converted into active form that is 1,25-Dihydroxycholecalciferol(Calcitriol) in kidney, certain kidney disease hampers this conversion.

Vitamin D deficiency Symptoms

- Vitamin D Deficiency shows not only shows symptoms of its deficiency but also symptoms of calcium deficiency in most cases.
- Osteomalacia
- Osteoporosis
- Triggers Osteoarthritis
- Rickets
- Periodontitis
- Paraesthesia
- Myalgia

- Tetany
- Pre-eclampsia
- Light-Headedness
- Depression

Vitamin D Deficiency Diagnosis

Vitamin D Deficiency is diagnosed by measuring level of 25-hydroxycholecalciferol in blood. Normal level of Vitamin D in blood should range between 30-100ng/ml below this up to 20ng is considered as insufficiency and level below 20 ng is considered as Vitamin D Deficiency.

Sources of Vitamin D

- Exposure of Skin to Sunlight
- Fish
- Eggs
- Mushrooms
- Fortified Milk and other food products like oats bread Fortified with Vitamin D.
- Supplements are available in both oral and injectible forms.

Excess intake of Vitamin D causes Nausea, Vomiting, Constipation, Confusion, Weakness, Kidney stones (urolithiasis). ⁽¹⁴⁾

Vitamin D content of various foods

- Cod liver oil, 1 tablespoon
- Swordfish, cooked, 3 ounces
- Salmon (sockeye) cooked, 3 ounces
- Tuna, canned in water, drained, 3 ounces
- Orange juice fortified with vitamin D, 1 cup
- Milk, vitamin-fortified, 1 cup
- Yogurt, fortified with 20% of the daily value of vitamin D, 6 ounces
- Sardines, canned in oil, drained, 2 sardines
- Liver, beef, cooked, 3 ounces
- Egg yolk, 1 large
- Cereal, fortified with 10% of the daily value of vitamin D, 1 cup
- Cheese, Swiss, 1 ounce



Ages 2 to 3: Daily guidelines for girls and boys

Calories	1,000-1,400, depending on growth and activity level	
Protein	2-4 ounces	
Fruits	1-1.5 cups	
Vegetables	1-1.5 cups	
Grains	3-5 ounces	
Dairy	2 cups	
Ages 4 to 8: Daily guidelines for girls		
Ages 4 to 8: D	aily guidelines for girls	
Ages 4 to 8: D Calories	aily guidelines for girls1,200-1,800, depending on growth and activity level	
Ages 4 to 8: D Calories Protein	aily guidelines for girls 1,200-1,800, depending on growth and activity level 3-5 ounces	
Ages 4 to 8: D Calories Protein Fruits	aily guidelines for girls 1,200-1,800, depending on growth and activity level 3-5 ounces 1-1.5 cups	

Grains 4-6 ounces

Dairy 2.5 cups

Ages 4 to 8: Daily guidelines for boys

Calories	1,200-2,000, depending on growth and activity level
Protein	3-5.5 ounces
Fruits	1-2 cups
Vegetables	1.5-2.5 cups
Grains	4-6 ounces
Dairy	2.5 cups

Ages 9 to 13: Daily guidelines for girls

Calories	1,400-2,200, depending on growth and activity level
Protein	4-6 ounces
Fruits	1.5-2 cups
Vegetables	1.5-3 cups
Grains	5-7 ounces
Dairy	3 cups

Ages 9 to 13: Daily guidelines for boys

Calories	1,600-2,600, depending on growth and activity level
----------	---

Protein 5-6.5 ounces

Fruits	1.5-2 cups
Vegetables	2-3.5 cups
Grains	5-9 ounces
Dairy	3 cups

Ages 14 to 18: Daily guidelines for girls

Calories	1,800-2,400, depending on growth and activity level	
Protein	5-6.5 ounces	
Fruits	1.5-2 cups	
Vegetables	2.5-3 cups	
Grains	6-8 ounces	
Dairy	3 cups	
Ages 14 to 18: Daily guidelines for boys		
Ages 14 to 18:	Daily guidelines for boys	
Ages 14 to 18: Calories	2,000-3,200, depending on growth and activity level	
Ages 14 to 18: Calories Protein	Daily guidelines for boys 2,000-3,200, depending on growth and activity level 5.5-7 ounces	
Ages 14 to 18: Calories Protein Fruits	Daily guidelines for boys 2,000-3,200, depending on growth and activity level 5.5-7 ounces 2-2.5 cups	
Ages 14 to 18:CaloriesProteinFruitsVegetables	Daily guidelines for boys 2,000-3,200, depending on growth and activity level 5.5-7 ounces 2-2.5 cups 2.5-4 cups	
Ages 14 to 18:CaloriesProteinFruitsVegetablesGrains	Daily guidelines for boys 2,000-3,200, depending on growth and activity level 5.5-7 ounces 2-2.5 cups 2.5-4 cups 6-10 ounces	

MALNUTRITION

Lacking all nutrients can lead to kwashiorkor, which is a "severe form of malnutrition." One symptom of this condition is a distended abdomen.

Marasmus is another potential result of severe nutritional deficiency. A person with marasmus will have very little muscle or fat on their body.

Symptoms

Some signs and symptoms of malnutrition include:

- a lack of appetite or interest in food or drink
- tiredness and irritability
- an inability to concentrate
- always feeling cold
- depression
- loss of fat, muscle mass, and body tissue
- a higher risk of getting sick and taking longer to heal
- longer healing time for wounds
- a higher risk of complications after surgery Eventually, a person may also experience difficulty breathing and failure. In children, there may be:
- a lack of growth and low body weight
- tiredness and a lack of energy
- irritability and anxiety
- Slow behavioral and intellectual development, possibly resulting in learning difficulties.
- Treatment is possible. In some cases, however, malnutrition can have long-term effects. Anorexia nervosa is a mental health condition that can lead to severe malnutrition. Learn more about it here.

Types of Malnutrition

A child whose weight falls to less than 80% of normal is considered malnourished. Other ways to diagnose include weight-for-height charts and evaluation of fat stores using skin fold thickness.

Marasmus and kwashiorkor are two types of PEM (protein energy malnutrition). A third type of PEM is called marasmic kwashiorkor, which is the most severe form of PEM in children, with weight-for-height less than 60% of that expected, and with edema and other symptoms of kwashiorkor. Marasmus is a condition primarily caused by a deficiency in calories and energy, whereas kwashiorkor indicates an associated protein deficiency, resulting in an edematous appearance.

Marasmus

Marasmus is caused by a severe deficiency of nearly all nutrients, especially protein, carbohydrates, and lipids. Usually affects children aged 6 months to 1 year. Thyroxin decreases to reduce the metabolic rate. Insulin also decreases to maintain blood sugar levels. Muscles and body fat are broken down to ensure energy requirements are met. This results in severely wasted appearance, but all the sacrifice ensures serum levels of glucose, proteins, and amino acids remain normal. The skin is dry and wrinkled and looks too big for the body (baggy pants sign), but does not break or change color. May have Vitamin A deficiency (Bitot's spot sign). Diagnosis is made clinically (peripheral edema) and blood test reveals urea and electrolyte imbalance. The blood test can also be used to exclude hypoglycemia, anemia, and malaria. Marasmus affects the somatic compartment, for example the protein stores in skeletal muscles.

A child is considered to have marasmus when weight level falls to 60% of normal for sex, height, and age.

Kwashiorkor

Sufficient calorie intake, but with insufficient protein consumption, distinguishes it from marasmus. Usually affects children beyond the age of 12 months. Kwashiorkor affects the visceral compartment, the protein stores of organs such as the liver. Reduced synthesis of digestive enzymes and plasma proteins, which leads to GIT atrophy of mucosa lining and intestinal villi (where absorption takes place). This leads to malabsorption and thus diarrhea,

which leads to loss of electrolytes such as potassium. In the liver, reduced protein and increased fat leads to hepatomegaly. Reduced plasma protein leads to reduced oncotic pressure, which causes fluid shift from intravascular spaces to extra vascular spaces, causing edema.

Signs include pitting edema, apathy, moon-faced due to edema, and thin, dry hair that is easily pulled out and is brownish red in color, distended abdomen, hyper pigmented (and sometimes broken) skin, impaired immunity, stunted growth, and weight loss.



Kwashiorkor vs Marasmus

Causes

Malnutrition can occur for various reasons. The sections below outline these potential causes in more detail.

A low intake of food

Some people develop malnutrition because there is not enough food available or because they have difficulty eating or absorbing nutrients.

This can happen as a result of:

Poor wound healing

- cancer
- liver disease
- conditions that cause nausea or make it difficult to eat or swallow
- taking medications that make eating difficult due to nausea, for example

• Mouth problems such as badly fitting dentures may also contribute to malnutrition.

Mental health conditions

Under nutrition or malnutrition can affect people with:

- depression
- dementia
- schizophrenia
- anorexia nervosa

Social and mobility problems

Factors that can affect a person's eating habits and potentially lead to malnutrition include:

- being unable to leave the house or reach a store to buy food
- finding it physically difficult to prepare meals
- living alone, which can affect a person's motivation to cook and eat
- having limited cooking skills
- not having enough money to spend on food

Digestive disorders and stomach conditions

If the body does not absorb nutrients efficiently, even a healthful diet may not prevent malnutrition.

Examples of digestive and stomach conditions that may cause this include:

- Crohn's disease
- ulcerative colitis
- celiac disease
- Persistent diarrhea, vomiting, or both.

CHILD MALNUTRITION

According to UNICEF, in 2011, 101 million children across the globe were underweight and one in four children, 165 million, was stunted in growth. ⁽⁷⁾

According to estimations at UNICEF, hunger will be responsible for 5.6 million deaths of children under the age of five this year. (8)

Child malnutrition today

Under nutrition – stunting and wasting under nutrition profoundly affects how children survive, grow and develop. Two of its most important forms are stunting and wasting.

Stunting

Stunting is used to describe populations of children who are too short for their age. But stunting is about far more than the height of an individual child – every community has shorter and taller children. Rather, it is a stark sign that children in a community are not

developing well, physically and mentally, particularly in the first 1,000 days. Stunting has been described as not just the "best overall indicator" of children's well-being, but also an "accurate reflection" of inequality in societies. As one report has noted, stunting "is both a symptom of past deprivation and a predictor of future poverty.

"Sadly, in many communities, especially where short stature is common, the extent to which children are stunted is not fully recognized.5 Because of its lifelong consequences for children's development, such failures are serious, not just for the well-being of individual children, but for broader economic and social development.⁽⁹⁾

DIAGNOSIS OF MALNUTRITION IN CHILDREN

In children weight and height is measured and compared with the charts showing the expected average height and weight for a child of that age. Some children are persistently smaller for age and may be genetically so. What should alarm parents and caregivers is a sudden or significant drop below the expected level for a child as it may indicate malnutrition. Children who show a slower growth may also be malnourished.

Mid-upper arm diameter

Mid upper arm diameter may be used in children. An upper arm circumference of less than 110 mm is also used to define severe malnutrition in children. In children thickness of skin folds is also measured. With malnutrition there is loss of the fat beneath the skin called the subcutaneous fat. This leads to thin skin folds.

Blood tests in children

Routine blood tests in children include those for blood glucose, blood counts, urine for routine examination, stool for parasites and worm infestations (as these may lead to malnutrition in children), blood protein or albumin levels, HIV test and tests for other infections.

Levels of iron in blood, folic acid and vitamin B 12 are also recommended. For protein estimation other tests include Pre-albumin, transferrin, retinol-binding protein.

Other tests for malnutrition

Other tests include:

- thyroid function tests
- estimation of the intestine for Crohn's disease or Coeliac disease
- levels of Calcium, Phosphate, Zinc and vitamins
- low levels of cholesterol and albumin (especially in elderly).⁽¹⁴⁾
- Anthropometric indices are used as the main criteria for assessing the nutritional status of children by comparing them to a reference growth chart. Deficits in the anthropometric indices from the median value of the population are regarded as evidence of malnutrition. In children, the 3 most commonly used anthropometric indices are weight-for-height, height-for-age, and weight-for-age. Deficit in height-for-age is called stunting or shortness and indicates chronic malnutrition. Deficit in weight-for-height is called wasting and indicates acute malnutrition. Deficit in weight-for-age is often referred to as underweight and reflects low weight-for-height, low height-for-age, or both (global malnutrition). Weight-for-age is thus not a good indication of recent nutritional stress in the population.⁽¹⁵⁾

Nutrient s	Deficiency	Excess
Macronut		
Calories	Starvation, marasmu s	Obesity, diabetes mellitus, cardiovascular disease
Simple carbohy drates	None	Obesity, diabetes mellitus, cardiovascular disease
Comple x carbohy drates	None	Obesity, cardiovascular disease (high glycemic index foods)
Protein	Kwashiorkor	Obesity, Rabbit starvation
Saturate d fat	Low testosterone levels, ^[62] vitamin deficiencies	Obesity, cardiovascular disease ^[63]
Trans fat	None	Obesity, cardiovascular disease

• Illnesses caused by under consumption and overconsumption

Unsatura ted fat	Fat-soluble vitamin deficiency	Obesity, cardiovascular disease	
Micronutr			
Vitamin A	Xerophthalmia, nigh t blindness, and low testosterone levels	Hypervitaminosis A (cirrhosis, hair loss)	
Vitamin B ₁	Beri-Beri		
Vitamin B ₂	Skin and corneal lesions, cracking of skin and corneal unclearation		
Niacin	Pellagra	Dyspepsia, cardiac arrhythmias, birth defects	
Biotin	Biotin deficiency	Reproductive and teratogenic effects	
Vitamin B ₁₂	Pernicious anemia		
Vitamin C	Scurvy	Diarrhea causing dehydration	
Vitamin D	Rickets, Hypovitami nosis D, poor immune system function, poor balance, inflammatio n	Hypervitaminosis D (dehydration, vomiting, constipation)	
Vitamin E	Neurological disease	Hypervitaminosis E (anticoagulant: excessive bleeding)	
Vitamin K	Hemorrhage	Liver damage	
Omega- 3 fats	Cardiovascular Disease	Bleeding, hemorrhages, hemorrhagic stroke, reduced glycemic control among diabetics	
Omega- 6 fats	None	Cardiovascular disease, Cancer	

Choleste rol	During development: deficiencies in myelinization of the brain; demyelination of the brain and neurodegenerative diseases (multiple sclerosis, Alzheimer' s disease)	Cardiovascular disease
Macromir	nerals	
Calcium	Osteoporosis, tetany, carpopedal spasm, laryngospas m, cardiac arrhythmias	Fatigue, depression, confusion, nausea, vomiting, const ipation, pancreatitis, increased urination, kidney stones, anorexia
Magnesi um	Hypertension	Weakness, nausea, vomiting, impaired breathing, and hypotension
Potassiu m	Hypokalemia, cardia c arrhythmias	Hyperkalemia, palpitations
Sodium	Hyponatremia	Hypernatremia, hypertension
Trace minerals		
Iron	Anemia	Cirrhosis, Hereditary hemochromatosis, heart disease, cardiovascular disease
Iodine	Goiter, hypothyroidi sm	Iodine toxicity (goiter, hypothyroidism)

HOMOEOPATHIC APPROACH ON MALNUTRITION

- Homeopathy advocates that when there is an imbalance in nutritional requirement and its supply, the deficient nutrients should be supplied in adequate quantity through natural food, provided the body can assimilate and absorb the same.
- In cases where there is deficiency of supply or the body is so wakened to absorb the natural nutrients, then it need to be supplied artificially.
- In cases where the malnutrition is not due to the deficiency of nutrients alone, but the body's inability to use the available nutrients, then it is identified as a constitutional error in the system and advised its rectification through a constitutional medication.
- In short, homeopathy sees the malnutrition due to deficient supply of the nutrients and mal nutrition due to mal absorption differently.
- Mal-absorption is considered due to diseased individual's constitutional error.
- Homoeopathic treatment allows the system to use available nutritional supply from food to an optimum extent. It takes care of the adverse effects produced due to external supplements. More importantly, it is seen that in case of malnutrition, when the supplements are stopped, gradually the deficiency re appear.

In Homeopathy there are two ways of addressing this problem.

- First way is to give constitutional remedy that takes care of basic constitutional error of absorption & improper utilization of existing nutrients. Simultaneously the underlying cause, if any like parasitic infection, chronic alcoholism, inadequate availability of micro nutrients shall also be assessed and appropriate remedial measures taken. The other is introducing biochemic medicine that acts according to the concept of tissue deficiencies.
- Both these approaches help the body to use the nutritional supply from food to an optimum extent & help to maintain normal nutritional status. Hence, it is curative and provides long term benefits.
- Homoeopathy advocates that when there is an imbalance in nutritional requirement and its supply, the deficient nutrients should be supplied in adequate quantity through natural food provided that the body can assimilate and absorb the same, or by artificial supplement if the body is too weak to absorb the natural nutrients. In cases where the malnutrition is not due to deficiency alone but the body's inability to use the available nutrients then it is identified as error due to miasmatic predominance. Thus miasmatic evaluation of the underlying error is necessary.⁽¹⁰⁾

"Let food be thy medicine and medicine be thy food" — Hippocrates

Food can be an emotive issue, for our clients and for us as homeopaths. Many people are passionate about their dietary philosophy. This speaks to food's many roles as sustenance: nutritional, cultural and emotional. Yet for something so central to our well being, there is a surprising lack of agreement on what constitutes a healthy diet. No wonder so many people are confused about what they should be eating. In this article I will examine how nutrition and homeopathy relate to each other, explore our "food confusion" and consider a foundational approach to choosing healthy dietary options.

Samuel Hahnemann [the originator of homeopathy] was very aware of the importance of food and referred to the significance of diet in various aphorisms of the *Organon*. He examined the effect of foods on the progression of chronic disease and on the process of healing, stressing the importance of a simple, nourishing diet. "... The careful investigation into such obstacles to cure is so much the more necessary in the case of patients affected by chronic diseases, as their diseases are usually aggravated by such noxious influences and other disease-causing errors in the diet and regimen, which often pass unnoticed." (*Organon* §260)

"The most appropriate regimen during the employment of medicine in chronic diseases consists in the removal of such obstacles to recovery, and in supplying where necessary the reverse: innocent moral and intellectual recreation, active exercise in the open air in almost all kinds of weather (daily walks, slight manual labor), suitable, nutritious, unmedicinal food and drink, etc." (*Organon* §261)

Hahnemann also stressed the role of diet in the development of disease: "Those diseases are inappropriately named chronic which persons incur who expose themselves continually to avoidable noxious influences, who are in the habit of indulging in injurious liquors or aliments, are addicted to dissipations of many kinds which undermine the health, who undergo prolonged abstinence from things that are necessary for the support of life. ... These states of ill-health, which persons bring upon themselves disappear spontaneously, provided no chronic miasm lurks in the body, under an improved mode of living, and cannot be called chronic diseases." (*Organon* §77)

"While inquiring into the state of chronic diseases, the particular circumstances of the patient with regard to his ordinary occupations, his usual mode of living and diet, his domestic situation and so forth, must be well-considered and scrutinized, to ascertain what there is in them, that may tend to produce or to maintain disease, in order that by their removal the recovery may be promoted." (*Organon* §94). ⁽¹³⁾

Miasmatic predominance of nutritional deficiencies Physiologic factors, dietary composition, absorption, route of administration, chronic disease are the factors altering nutritional needs. The lack of any essential nutrient is manifested by signs and symptoms. Health in Homoeopathy is a result of the harmonious balance of 'vital force', Hahnemann describes that there were three fundamental miasm that disturb the vital force these are psora, sycosis, syphilis they are acquired or transmitted and can be considered as original miasms arising from the intrinsic functioning of the body in health and disease. They predispose an individual to chronic disease. Hahnemann in *Chronic Diseases* describe Psora as the 'mother of all disease' that neither of the miasm could obtain a hold without the presence of psora and that it was capable of causing the maximum of functional upset with minimum of pathology. Deficiency can also be produced through excessive control and this excessive control when it is present is a function of psora. This results in an undue influence on organs with a corresponding reduction in their function and a resulting upset in the homoeostasis in the body. Deficiency diseases are coming as a result of lack of certain elements in the system or the inability to assimilate them from the food is the great common denominator of almost all the so called psoric condition.

Psora can be viewed as corresponding to Grauvogls carbonitrogenoid constitution which is characerized by a deficiency of oxidation of blood resulting in his interpretation of an imbalance of nitrogen and carbon in the system. The tissues do not absorb enough oxygen resulting in poor metabolic function and hepatic weakness. The essence of psora may therefore be regarded as either a deficiency of function or a failure of regulation of function.

Area/ system	Symptom or sign	Deficiency
General appearance	Muscle wasting	Carbohydrate
		Many vitamins, zinc, essential fatty acid
	Rash	Niacin(pellagra)
Skin	Easy bruising	Vitamin C or K
	Thinning or loss of hair	Proteins
	Premature graying of hair	Selenium
Hair and nails	Spooning of nails	Iron
	Impaired night vision	
Eyes	Corneal keratomalacia	Vitamin A
	Cheilosis and glossitis	
Mouth	Bleeding gums	riboflavin, niacin, pyridoxine, iron, Vitamin C, riboflavin
Extremities	Edema	Protein
Neurologic	Paresthesias or numbness in a stocking glove distribution	Thiamin, Calcium, magnesium, niacin, vitamin B ₁₂

Some symptoms and sign of Nutritional deficiency and their Psoric predominance

	Tetany Cognitive and sensory deficits	
	Dementia	
	Wasting of muscle	
	Bone deformities (bowlegs, knock knees, curve spine)	Protein
	Bone tenderness	Vitamin D, Calcium
Musculoskeletal	Joint pain or swelling	Vitamin C
Gastrointestinal	Diarrhea	Protein, Folate, vitamin B_{12} , Zinc,
Endocrine	Thyromegally	Iodine

Homoeopathic

Management:

Abrotanum, Argentum nitricum, Baryta Carbonicum, Calcarea carbonicum, Calcarea Phosphoricum, Chamomilla, Cina, Iodum, Magnesia Carbonica, Natrum Muriaticum, Silacea, Sulphur, Tuberculinum are common remedies for impaired nutrition.

Abrotanum:

- arasmus of children with marked emaciation, especially of legs.
- Skin is flabby and hangs loose in folds. Emaciation of lower extremities
- Alternate constipation and diarrhea, food passes undigested.
- Great weakness and prostration
- Ravenous appetite, emaciation
- Great distension of abdomen

Argentum Nitricum:

- A child looks like a withered dried up old man
- Irresistible desire for sugars, but diarrhea results from eating
- Belching accompanies most gastric ailments
- Great weakness of lower extremities

Calcarea Carbonicum:

- Its chief action is on the vegetative sphere, impaired nutrition being the keynote of its action.
- Takes cold easily, cold clammy feet
- Increased sweats on scalp, head wetting the pillow
- Tendency to grow fat
- Weakness of digestion, regurgitation of sour substance
- Diarrhea of sour stool,

Calcarea phosphoricum:

- Corresponds to defective nutrition whether of childhood, puberty, or old age
- Predisposition to glandular and bone diseases.
- Slow development of teeth.
- Defective boney development, open fontanelles, weak spine disposed to curvatures.

Iodium:

- The most prominent feature of the action of Iodum is its power of causing absorption.
- Ravenous hunger; eats freely and well yet loses flesh all the time
- Hypertrophy and indurations of glandular tissue

Natrum muriaticum:

- Suited to cachetic person, old people, teething children; anemic chlorotic people
- Great emaciation; losing flesh while living well; emaciation notable in the neck
- Great weakness and weariness

Silacea:

- Imperfect assimilation and consequent defective nutrition
- Distended abdomen; weak ankles, slow in learning to work
- Fine dry skin pale face, weakly with lax muscles
- Sweat of hands, toes feet and axilla offensive. ⁽¹²⁾

Abrotanum, Argentum nit, Barytacarb, Calcarea phosphorica, Calcarea carbonica, Cina, Chamomilla, Hepar sulphur, Iodine, Magnesia carbonica, Natrum muriaticum, Silica, Sulphur and Tuberculinum are the common remedies to be thought of in malnutrition. Some indications of these remedies are given below. However it is strongly recommended not to resort to self medication as the underlying cause and its effective management is possible only through qualified homeopaths.

- 1. Abrotanum: Marasmus. Impaired nutrition, defective digestion and assimilation. Marked emaciation of lower limbs, ascending type. Great weakness, ravenous appetite with rapid emaciation. Chilly patient. Constipation and diarrhoea alternate.
- 2. Calc-carb: Marasmus, defective nutrition, sour stools and vomiting of milk, sweat on scalp, head and face, the feet are damp and cold, Enlargement of the glands, voracious appetite. Dwindled body, prominent abdomen. Morbid appetite, craving indigestible articles. Engorgement of mesenteric glands. Scrofulous infants. Diarrhoea on beginning to eat or drink; Rapid emaciation with a harsh and dry skin. The debility, weariness and irritable restlessness
- 3. **Calc .phos:** Emaciation. Predisposition to glandular and osseous disease. Large heads, defective bony development, open fontanelles and tardy development of the teeth, weak spine, curved, thin neck. Sallow complexion, persistent vomiting and diarrhea of green, slimy and undigested stools, accompanied with much offensive flatus. Engorgement of glands, enlarged tonsils. Scrofulous tendency.
- 4. **Iodium:** Dark complexion, hot baby, ravenous hunger, anxiety. Better in open air. Glandular enlargement.
- 5. **Magnesia carbonica:** Puny children, marasmus, milk <, undigested vomiting; griping and colicky pains; sour green grassy stools, improperly nourished; ulcers in the mouth, swollen glands, bloated abdomen. Jaundice, offensive sweat.
- 6. **Natrum mur:** Marasmus from defective nourishment, thin neck, ravenous appetite. The child grows thin. Excess thirst and craves water all the time. Gets intermittent fever frequently. Dry mouth and throat, constipated. Skin is scurfy with oozing eruptions. Craving for salt and salty food.
- 7. **Tuberculinum:** Light complexion, blue eyes, mental activity, ravenous hunger with rapid emaciation and anxiety⁽¹⁰⁾
- 8. **Homoeopathy** and Vitamin B12 Homoeopathy is a body-friendly medicine. It is like a support especially to our immune system. Any problem in the body starts when immunity gets affected or if tendencies are prevailing in the family. Homoeopathy can help in proper B12 absorption.⁽¹¹⁾

REFRENCES:

- Motti Haimi and Aaron Lerner, Nutritional deficiencies in the pediatric age group in a multicultural developed country, Israel, World J Clin Cases. 2014 May 16; 2(5): 120– 125.Published online 2014 May 16. doi: 10.12998/wjcc.v2.i5.120
- 2. Benjamin Caballero¹Global patterns of child health: the role of nutrition, PMID: 12428075DOI: 10.1159/000066400.
- 3. Regan L Bailey¹, Keith P West Jr, Robert E Black, The epidemiology of global micronutrients deficiencies PMID: 26045325 DOI: 10.1159/000371618.
- 4. https://www.parents.com/kids/nutrition/healthy-eating/must-eat-nutrients/.
- 5. (https://www.mayoclinic.org/healthy-lifestyle/childrens-health/in-depth/nutrition-for-kids/art-20049335)
- Lean, Michael E.J. (2015). "Principles of Human Nutrition". Medicine. 43 (2): 61– 65. doi:10.1016/j.mpmed.2014.11.009. Retrieved March 31, 2015.
- UNICEF, WHO, World Bank. UNICEF-WHO-World Bank Joint child malnutrition estimates. New York, Geneva & Washington DC, UNICEF, WHO & World Bank, 2012 (http://www.who.int/nutgrowthdb/estimates/en/index.html, accessed 27 March 2013)
- Progress for Children: A Report Card on Nutrition (No. 4), UNICEF, May 2006, ISBN 978-92-806-3988-9 www.ventes.le-vel.ca /nutrition/index_33685.html.
- 9. https://www.unicef.org/media/60806/file/SOWC-2019.pdf.
- 10. https://www.nhp.gov.in/Malnutrition-and-Homeopathic-Management_mtl.
- 11. https://www.newindianexpress.com/magazine/2017/oct/21/homoeopathy-can-treat-b12-deficiency-1678179.html.
- 12. https://www.homeobook.com/miasmatic-concepts-of-nutrition-in-homoeopathy/.
- 13. http://www.rebalance-health.com/nutrition-and-homeopathy.html.
- 14. https://atomictherapy.org/vitamin-d-deficiency/.
- 15. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2643431/





Contact Us: University Campus Address:

Jayoti Vidyapeeth Women's University

Vadaant Gyan Valley, Village-Jharna, Mahala Jobner Link Road, Jaipur Ajmer Express Way, NH-8, Jaipur- 303122, Rajasthan (INDIA) (Only Speed Post is Received at University Campus Address, No. any Courier Facility is available at Campus Address)

Pages : 29 Book Price : ₹ 150/-



Year & Month of Publication- 8/18/2022