Concluding Discussion

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*Dr. Dilip Mahalanabis:* Now regarding oral rehydration solution (ORS) composition, I'd like to add to whatever we discussed, the issue which we didn't mention specifically here, that for ORS composition you'd recall that the World Health Organization (WHO), apart from talking about the single solution, also gave a range of concentrations for an acceptable ORS composition, like they gave a range for sodium, a range for glucose and that way there was some flexibility even for the WHO approach and some countries actually used a different composition for the national programs like Malaysia did. So that option is there; even if an official government policy tells about a single solution, the WHO recommendation also includes a range of compositions, which one can use, so that flexibility still remains, even if a single solution is promoted.

My second point deals with some issues on research. The problem of deaths under 6 months and low birth weight is important. We really have very little in terms of what to do with the problem of low birth weight in terms of infectious diseases in terms of preventing deaths in low birth weight babies, who have a very high rate of death and many of these deaths are related to the issues or diseases, we have discussed in the symposium. Then comes the problem of multiple infections. Again it is related to low birth weight also and it needs to be addressed. Regarding the problem of obesity in children, I think there is no reason to be complacent in the developing countries that obesity in children is not our problem. It is not true. It is going up every day and every month and every year, and obesity in children needs to be addressed in the context of both the developing and developed countries. It really is an epidemic and this needs to be addressed.

Concerning the mechanism of fluid loss and from the small bowel, several issues have been raised and possible new drugs obviously are likely to be produced in the future and we really need more studies for the putative candidates of anti-secretory drugs. Concerning the role of the colon and future ORS; on this issue we did not go in depth, mainly because we don't have enough clinical studies and I do believe that there will be a lot more studies done using amylase-resistant starch in ORS. Ramakrishna has described it and presented it, but when I was out talking to him outside the meetings, he said that he has a major new project funded by Welcome to address several issues systematically and they'll come out with results, which we'll hear about in future meetings.

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Dr. Michael J. G. Farthing: I think you've almost said it all, but I will just make one or two remarks based on reflections over the last 2 or 3 days. One of the overwhelming themes that has come through is that the two worlds seem to be coming together. I remember when I first became involved in problems of the developing world and specifically working in India, India and Western Europe seem a long way apart. India was struggling with infectious diseases and under-nutrition, whereas in the west, we were worried about cancer and chronic inflammatory diseases and beginning to worry about over-nutrition. What I've heard over the last 2 days is that we've probably now both got the worst of both worlds, in that we're both suffering still with infectious diseases. But at the same time, we're both seeing the emergence of diseases of the more affluent western lifestyle with obesity, diabetes, and the cardiovascular complications of these diseases. I suspect we're going to continue to grow closer together over the next decade, which I think should encourage us to continue to meet like this and to search for joint strategies for the future. There will continue to be different challenges and the priorities and the politics will probably be different, but there are certainly some very important common themes. The other two worlds that I think we've brought together are the worlds of clinical practice and science. I do believe that many of the major developments that we will see in the future particularly those which will improve the healthcare of our populations, will come out of increasing knowledge of why things happen, how they happen, and identifying new targets for intervention. These may be drug targets, but they also may be nutritional targets. We have some major challenges for the future; a number of our speakers have touched upon the importance of not just focusing on the science and the clinical practice, but also the politics of healthcare. Raj and Majid have emphasized the importance of working within the geopolitical climate in which we all live, working with the agencies that perhaps are eventually going to deliver what we as clinicians want to see happen; without that political support, without the financial support that inevitably goes with the political support, we won't achieve all of our objectives. Finally, I'd just like to say I think the remark of this meeting that I will take away with me was Majid Molla's comment this morning, when we were discussing an aspect of oral rehydration therapy, when he said that "we've been discussing this for two decades"; that's a very healthy situation. In the early 1970's when ORT came into clinical practice we thought the story was over but clearly it has continued to develop. We are going to see improving strategies for the management of the nutritional complications of diarrheal disease. In addition we must begin to face the enormous challenge of how we get our children off the sofa, away from their fast food, and out being active. We have a few moments remaining, if anybody else would like to make any comments about some challenges for the future.

Dr. Roger I. Glass: It seemed to me that this whole process has been around thinking about how to make children healthier. This really means getting kids in developing countries to be fatter and children in developed countries to be thinner.