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# Protein Energy Malnutrition

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ABSTRACT

Protein energy malnutrition is a common problem worldwide and occurs in both developing and industrialized nations. In the developing world, it is frequently a result of socioeconomic, political, or environment factors. In contract, protein energy malnutrition in the developed world usually occurs in the contract of chronic disease. There remains much variation in the criteria used to define malnutrition, with each method having its own limitations. Early recognition, prompt management and robust follow up are critical for best outcomes in preventing and treating protein energy malnutrition.

## I. INTRODUCTION

The World Health Organization (WHO) defines malnutrition as "The Cellular imbalance between the supply of nutrients and energy and the body's demand for them to ensure growth, maintenance and specific functions".

Although malnutrition is a State of deficiency or excess of energy, protein and other nutrients. This information deals with under nutrition and specifically protein energy malnutrition, children with primary protein energy malnutrition generally are found in developing countries as a result of inadequate food supply caused by socio economics, political and occasionally environmental factors such as natural disasters. Among, the four principal causes of mortality in young children. Worldwide, under nutrition has been ascribed to be the cause of death. Relative risks of mortality being 8.4% for severe malnutrition, 4.6% for moderate malnutrition and 2.5% for mild malnutrition, as estimated by analysis of 28 epidemiologic studies done across 53 countries. Most of the death occur among those with mild or moderate malnutrition. This is explained by the fact that, although the risk of death is greatest for those with severe malnutrition, these extreme cases only make up a small fraction of total number of children with malnutrition.

## II. OBJECTIVE OF THE STUDY

1) To study the diseases of deficiency of protein energy in children.
2) To study the rise and fall of protein malnutrition in global Health.
3) To study the protein crises.

## III. DEFICIENCY OF PROTEIN ENERGY

Protein deficiency appears to have a very serious effect on children. Which includes diseases such as Kwashiorkor and Mara Sums.

## IV. KWASHIORKOR

The term kwashiorkor, which first was introduction by Cicely D. Williams in 1935. Kwashiorkor tends to occur mainly in order infants and young children and results from a diet with in adequate protein but reasonably normal calorie intake often exacerbated by superimposed infection. A common scenario is when the order in fact is displace from breast feeding by the birth of a younger sibling and has to wean rapidly by is unable to increase protein intake adequately. The term sugar body also has been used to describe these children, as their typical diet is low in protein but high in carbohydrate. Edema usually results from a combination of low serum albumin, increased cortisol and inability to activate ant-diuretic hormone. Hair is usually dry, sparse, brittle and depiogmented, appearing reddish yellow, with adequate protein intake, hair colour is restored and may result in alternating bands of pale and normal coloured hair, also known as the flag sign, reflecting periods of poor and good nutrition, cutaneous manifestations are characteristic and progress over days from dry atrophic skin with confluent areas of hyperkeratosis and hyper pigmentation which then splits when stretched resulting enrosions and under lyiner palerery the mathous skin. These patchy areas of dark and pale skin give the impression of crazy paving or flaky plaint particularly over limbs and buttocks various skin changes in children with kwashiorkor.

## V. MARASMUS

Marasmus is more common syndrome. It results from the body's physiologic adaptation to starvation in response to severe deprivation of colouries and all nutrients. It most commonly occurs in children younger than 05 year. Because of their increased caloric requirements and increased susceptibility to infections. These children often appear emaciated are work and lethargic and have associated bready cardia. Hypotension and hypothermia. Their skin is erotic, wrinkled and loose because of the loss of subcutaneous fat but not characterized by any specific dermatitis. Muscle wasting often starts in the axilla and groin, then thigh and buttocks, followed by chest and obdomen and finally the facial muscles, which are metabolically less active. The loss of buccal fat pads commonly gives the child an appearance of monkey like or aged, facies in severe cases.

## VI. THE RISE AND FALL OF PROTEIN MALNUTRITION IN GLOBAL HEALTH

Protein malnutrition was suddenly discarded amid some passionate debate and name calling. A revaluation of protein malnutrition may be timely given recent developments. Micronutrient malnutrition is currently the main paradigm in material and child nutrition in developing countries over the last 4 deadest, community based nutritional interventions to improve the health and survival of young children in developing countries have focused on nutrients supplements like vitamin A, zinc, iron and Iodine. The micro nutrients era began with the founding of the international. World leaders assembled at the UN and set the goal for the virtual elimination of the Iodine and Vitamin A deficiency. Periodic high dose Vitamin – A supplementation, Oral Zinc supplementation and Iodized salt have improved the health and survival of millions of children in developing countries. However micronutrients have little to no effect on linear or growth in children. Recent trials of lipid-based nutrient supplements in complementary feeding have also shown little to no effect upon linear growth.

## VII. PROTEIN CRISES

In developing country, there are many nutrition problems in communities. The major nutritional

problems are protein energy malnutrition. Vitamin – A deficiency, Iron deficiency and Iodine disorders.

2017 survey shows that, 73% of Indians are deficient in protein while above 90% are unaware of the daily requirement of protein. A recent survey across 16 cities of India on perception, knowledge and consumption of protein found a gap in the knowledge of quality protein in daily diets. Not just animal proteins, Indian consume too little of plant proteins as well. As against the recommendation of 50 grams. of lentils and 25 grams of soy foods per day. Indians consume just half the amount of lentils and no soy foods. (NSSO data 2019)

According to what India eats' report, a meager 5% of rural Indians and 18% of Urban popular in the country consume the recommended amount of good quality proteins (September 2020).

## VIII. CONCLUSION

Protein energy malnutrition is a common childhood disorder and is primarily caused by deficiency of energy, protein and Vitamin – A, Zinc, Iron and Iodine (Micronutrients) protein energy malnutrition manifests as underweight (low body weight compared with healthy peers) stunting (poor linear growth), wasting (acute weight loss) or edematous malnutrition diseases. In general marasmus occurs when there is an insufficient energy Intak to match the body's requirements. As a result, the body draws on its own stores, resulting in emaciation. In kwashiorkor adequate carbohydrate consumption and decreased protein intake lead to decreased synthesis of visceral proteins.

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