CHANGES IN INTESTINAL BILE SALTS PATTERN IN PAEDIATRIC GASTROINTESTINAL PROBLEMS

Thesis

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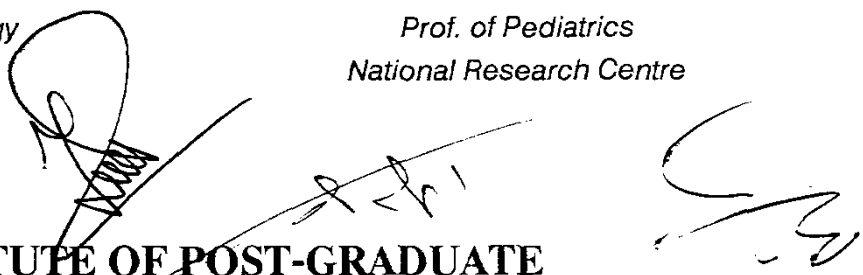

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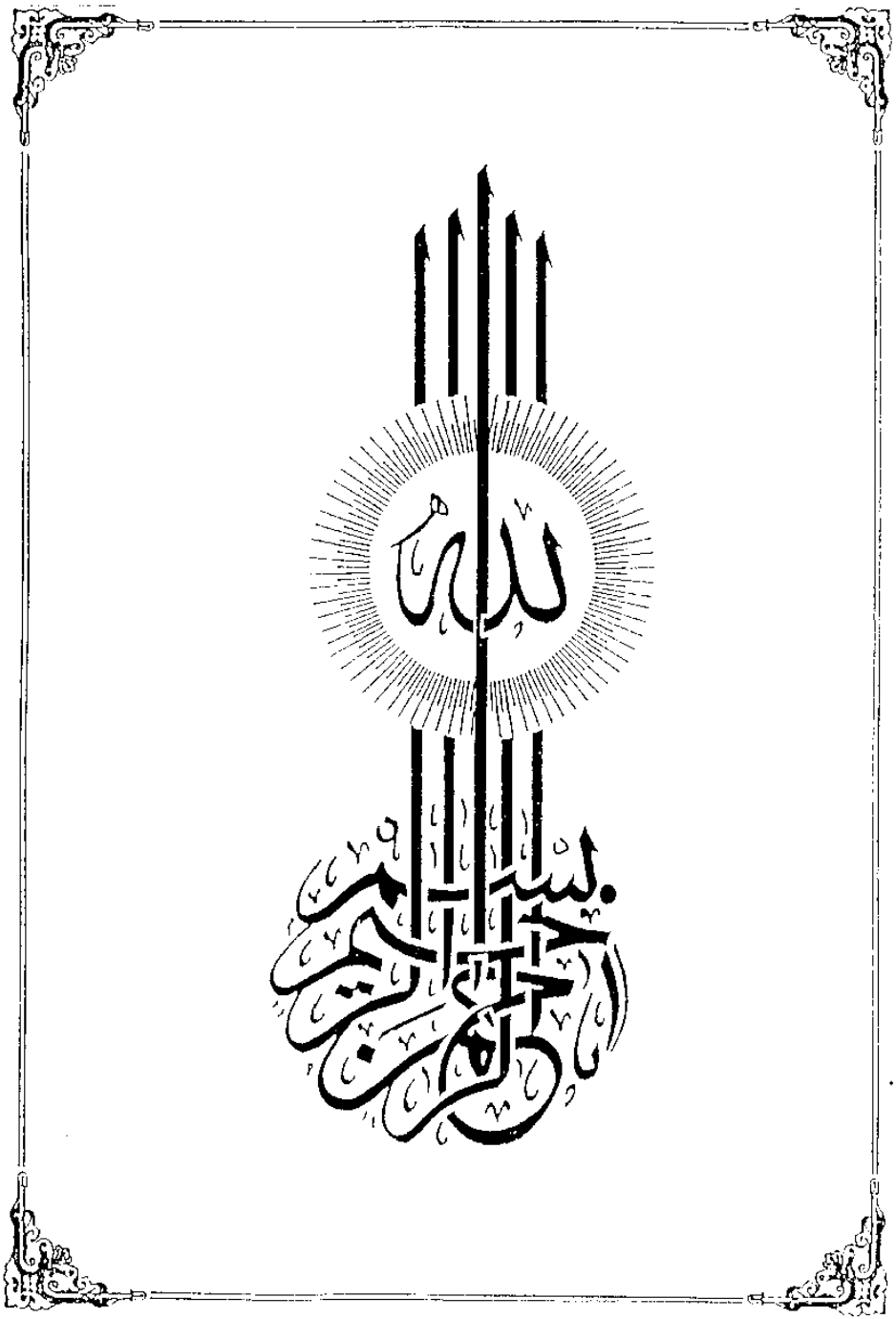

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ABBREVIATIONS

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ATP	Adenosine triphosphate
CA	Cholic acid
CDCA	Chenodeoxycholic acid
DCA	Deoxycholic acid
EHC	Enterohepatic circulation
G	Glycine
HDL	High density lipoprotein
ht.	Height
KWO	Kwashiorkor
LCA	Lithocholic acid
p	Probability level
PEM	Protein-Energy Malnutrition
r	Correlation Coefficient
S.D	Standard Deviation
T	Taurine
WHO	World Health Organization
wt.	Weight
$\bar{x}$	Mean.

INTRODUCTION

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In all societies diarrhea and malnutrition are twin health problems inextricably associated with poverty. In developing countries diarrhea accounts for 20-30% of child mortality and is significant cause of growth retardation among surviving children (Scrimshow, 1981). Insufficient consciousness of personal and domestic hygiene, bottle feeding of the infants, lack of knowledge of the origin of the disease and inadequate food hygiene may explain the high incidence of diarrhea in these countries, (Bockemuhl, 1985).

In diarrhea, bile acid disturbances occur in the upper small intestine including an increase in unconjugated bile acids in the duodenum in association with bacterial overgrowth and increased fecal bile acid loss and a reduction in bile salt pool size, (Weber et al, 1985). So it was our aim to find out changes occurring in the bile acid pattern and bacterial flora in the duodenum of these children and to find out the factors that may play a role in the delay of recovery from diarrhea.

The impact of the social level of the children particularly in relation to sanitary conditions and type of feeding and weaning was also considered.