



SHOULD MALNOURISHED CHILDREN BE GIVEN ANTIBIOTICS OR NUTRIENTS

Malnourishment is not hunger! Although global hunger is an ongoing struggle for more than one billion people, severe acute malnutrition is a more serious condition causing 45% of deaths in children under five years old. Worldwide, 34 million children are living with malnutrition, and every year at least one million of them die due to severe malnutrition and related diseases.

Contrary to common belief, malnutrition is not only an issue in the developing countries. One percent of all children in the US and about three million in the UK are reported to be malnourished due to dietary imbalances rather than hunger. Additionally, physical and mental stresses, and chronic diseases such as cancer and diabetes increase our nutrient requirements. This results in a subjective nutrient deficiency if the additional supplementation is not provided. According to the Centers for Disease Control and Prevention, 2,000-3,000 elderly people die each year as a result of malnutrition.

Malnutrition develops with a chronic deficiency of the vitamins, minerals, and other nutrients required to maintain healthy cells, tissues, and organs within the body. Malnutrition distorts various organ systems, including the immune system. Along with many other health issues, it also weakens the immune response making a person vulnerable to serious, life threatening infections. Unsupported nutrient deficiency and infections become the leading causes of death in malnourished individuals.

Therefore, providing appropriate nutrition is the obvious first step in the treatment of malnutrition. Antibiotics or other drugs may be given depending on an individual situation. Nevertheless, pharmaceutical interest groups continue to recommend antibiotics as a routine treatment protocol for every case of severe malnutrition despite the individual requirements. Antibiotics do not address the root cause of malnutrition. Nutrient supplementation does. Antibiotics further weaken an already compromised immune system. One clinical study conducted in malnourished children in Malawi strongly suggested antibiotics as a standard part of treatment of severe acute malnutrition¹. The authors recognize the public health hazards of such indiscriminate antibiotic use in developing resistant bacteria. In the US alone, 23,000 people die due to antibiotic resistant infections. Yet, this study promotes routine antibiotic use in severely malnourished children because of



the “observed health benefits.” Fortunately, other follow up studies and many physicians disagree with such a universal recommendation.

Other than the side effects, the cost of widespread antibiotic administration is unaffordable in many developing countries as compared to the supplemental nutrition, which is a healthier and a less expensive option. In addition to providing required nutritional support in the form of carbohydrates, proteins, and fats, several micronutrients are also essential for recovery and health maintenance in malnourished populations. A complete spectrum of vitamins, minerals, amino acids and trace elements perform critical functions in building an immune response through supporting white blood (“police”) cells as well as maintaining the tissues and organs that produce antibodies for long-term immunity.

The research conducted at the Dr. Rath Research Institute focuses on the principles of **micronutrient synergy** as the most effective approach to optimize cellular metabolism and restore its balance. Our research studies have shown that micronutrient synergy is more effective than individual nutrients, or their random combination, in addressing specific cellular functions. Micronutrient supplementation provides effective health solutions because it addresses the root causes of susceptibility to infectious diseases in malnourished children and adults. Synergistic micronutrient support is critical for improving the general immunity of the body and supporting multiple other physiological functions essential for health.

**Antibiotics as Part of the Management of Severe Acute Malnutrition; Trehan I, et al. N Engl J Med 2013;368:425-435*

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The ground-breaking nature of this research poses a threat to the multi-billion dollar pharmaceutical “business with disease”. It is no surprise that over the years the drug lobby has attacked Dr. Rath and his research team in an attempt to silence this message. To no avail. During this battle, Dr. Rath has become an internationally renowned advocate for natural health. Says he: “Never in the history of medicine have researchers been so ferociously attacked for their discoveries. It reminds us that health is not given to us voluntarily, but we need to fight for it.”

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