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From the worldwide perspective acute diarrhoeal diseases in children constitute a cardinal health problem in developing countries, where it is associated with high morbidity and mortality. Studies from developing countries have shown that children under 5 years of age experience on an average 2-3 episodes of diarrhoea every year (Synder and Merson, 1982). The consequence of diarrhoeal episodes in terms of childhood nutrition, overall health and survival are substantial.

Children in underprivileged communities often live in grossly contaminated environment with substandard water supply, unsafe sewage disposal, low standard of community and personal hygiene. All these factors expose children to high risk of acquiring acute diarrhoeal disease. An extra problem arises when breast feeding is substituted by bottle feeding which again poses an extra risk of acquiring gastro-intestinal infection. Association with poverty and underdevelopment with diarrhoeal disease has led some to the view that amelioration will only follow successful attempts to raise the general living standard of communities in which diarrhoea is prevalent.

Most of acute diarrhoeas are infectious in origin. Till the recognition of role of viruses and certain bacteria in causation of acute diarrhoea no pathogens were identified in majority of patients. With the introduction of
laboratory method to identify and isolate different viruses and bacteria, now it is possible to identify causative agents in over two thirds of cases of diarrhoea. A wide variety of infectious agents is bacteria, viruses and parasites are implicated in aetiology of acute diarrhoea.

Among the many etiologic agents that have been associated with pediatric diarrhoeal diseases in developing countries relatively few account for most diseases of public health importance (Levine, 1986). These are rotavirus, enterotoxogenic *E. coli*, Enteropathogenic *E. coli*, *Shigella* and *Vibrio cholerae* 01. A number of virulence factors in enteropathogens enables them to produce intestinal infection and diarrhoeal disease. Crypt cell proliferation, cellular invasion, elaboration of enterotoxins and cytotoxins and enteroadhesion are mechanisms by which enteropathogens cause diarrhoeal disease. Young children are related, both to increased exposure and age specified alterations in susceptibility and response to enteropathogens.

**Rotavirus** is a major cause of severe dehydrating diarrhoea in young children in both developing and developed countries (WHO, 1989). Rotavirus diarrhoea is most common in children 6-24 months of age. It accounts of 20-40% of severe diarrhoea. In developing countries bacterial enteropathogens appear to be important cause of diarrhoea.

Aetiological studies of diarrhoeal disease are necessary to define the relative importance of various
enteropathogens in a population and to direct therapeutic and preventive efforts for reduction of impact of these illnesses in a population. However, for care of individual patient precise aetiological diagnosis is not essential. As oral rehydration therapy is the treatment of diarrhoeal disease of all ages and causes (WHO, 1983). Enteric infection causing diarrhoea are generally self limiting. However, diarrhoea caused by Shigella, V. cholera, Giardia and E. histolytica are effectively treated by antimicrobial drugs and only patients with these infections would clearly benefit from aetiological diagnosis and specific therapy.

The prevalence of different enteropathogens vary with geographical areas and epidemiological setting of the study. Since no study regarding relative contribution of various enteropathogens in aetiology of acute diarrhoea has been carried out in Bundelkhand region, it was thought worthwhile to conduct the present study and it was aimed to find out :-

1. Aetiology of acute diarrhoea in children under 5 years of age attending Pediatrics out patient Clinic of M.L.B. Medical College, Jhansi.
2. To study the clinical profile of acute diarrhoea.
3. To study the difference, if any, in aetiology of diarrhoea in breast fed and non-breast fed and undernourished children.