

The *Desi* Ready-to-use Foods

As pediatricians in a busy tertiary-care government hospital, we had the opportunity to closely observe the quirky dietary habits of hospitalized children, over last few years. Pediatric wards are not dissimilar to some school canteens if the contents of the daily morning sweeping are analyzed. One can find all sorts of colorful, empty packs, providing a fair insight into the eating habits of our little mates.

A few instances come alive even today: A 2-year-old boy, with subcutaneous emphysema till neck and bilateral chest tubes, was spotted eating potato chips; another child having grade four tonsillitis with throat pain demanded a pack too and munched them effortlessly (he was hospitalized because of poor oral acceptance due to odynophagia); and there was this 9-year-old chap who agreed to undergo pleural tap only if he would get *chholey-bhature* after the procedure. Another time, a mother was noted convincing her 6-year-old girl by telling her that intravenous fluid containing multivitamin injection (MVI) was a soft-drink called Mountain Dew that was going through her cannula! Another girl whose heart failure was not being controlled despite maximum pharmacotherapy was seen devouring *aloo bhujia* (a high salt Indian snack) on morning rounds, explaining her failure of response to diuretics.

Return of appetite characterized by asking for foods is a reliable sign of clinical improvement. During an epidemic of dengue fever in Delhi, while struggling with increased patient load, scarcity of beds and long duty hours, it was always heartening to hear that sentence: "Doctor, my child is asking for something to eat, can I?" When passing by the same bed a few minutes later, the child was already enjoying a buffet of Magic Masala, Fun Flips, and *Bikaneri bhujiya*, *samosa*, and *dhokla* – gulping them merrily with Frooti or Limca. Invariably,

the appetite for fried stuff returns earlier than that for other foods! The day a child asks for chips, could be well relied upon as a sign of recovery.

Tea is the most favorite hot drink in Northern India. As milk is considered 'heavy' for sick children, parents prefer tea as the first drink to break a nil-per-orally regimen. An otherwise improving child on ventilator developed brownish aspirates, courtesy an overenthusiastic caregiver who fed the child tea by nasogastric tube. And all the time, we kept on investigating the child for a gastrointestinal bleed! Even newborns are not spared the onslaught of tea; thanks to their 'loving' grannies.

Outpatient areas have similar scenarios. Children are brought in with a bag of munchies or a tetra-pack of mango drink, as bribe for allowing the doctor to auscultate them or for getting that painful jab without creating a ruckus. Some kids get Parle-G as the sole form of complementary feeding. Ready-to-eat noodles is the latest addition to the list of preferred complementary foods. A mother confessed that she has started Maggi for her daughter as a complementary food, as she does not like anything else. Another child easily swallowed the spiciest snacks, while at home her mother had to cook veggies for her separately to avoid the spicy family servings.

Parents often complain that the kid does not eat anything and seek that magical tonic to put on weight. They want some medicine that would make their child eat more of home-made food. Sorry parents, we pediatricians cannot do much other than counseling you. And for fellow pediatricians, our hard work to achieve healthy diet practices is here to continue longer.

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