

should be moved to fresh air. Induction of emesis should not be performed. Gastric lavage is not helpful as camphor is rapidly absorbed. Activated charcoal may be considered if there are other ingredients that are effectively absorbed. Short acting anticonvulsants like lorazepam should be used to treat seizures. Barbiturates should be used if benzodiazepines are unsuccessful. Haemodialysis is not of much benefit.

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## Widening the Spectrum of Services Delivered by the NRC

The recent Perspective by Prasad, *et al.* [1] was indeed an interesting and thought provoking article highlighting the issue of managing/preventing and treating malnutrition other than severe acute malnutrition, to be benefitted by the Nutrition rehabilitation centers. It highlights clearly the defined roles of ASHA, AWW and PHCs in managing the larger goal of malnutrition prevention/treatment.

I believe that although secondary/tertiary care hospitals may be targeting management of undernourished children other than severe acute malnutrition optimally, this may not be so at other places where NRC/IYCF are functioning, possibly in the outreach. Just as we have defined guidelines for management of varied multifactorial illnesses as ARI or Asthma, it would indeed be need of the hour to integrate updated comprehensive guidelines/protocols for the management of stunting, moderate malnutrition, growth faltering and acute weight loss needing urgent attention, also by special nutritional counseling; imparting specific knowledge about locally formulated energy dense, home based foods; identifying who and when to investigate; along with specific follow-up and monitoring at prescribed intervals.

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While the NRC guidelines do observe and note the presence of undernutrition, the treatment focus is on the treatment of SAM (which undoubtedly requires urgent attention). The IYCF services wonderfully focus on the issues of exclusive breastfeeding, timely introduction of complementary foods while handling feeding problems, and complementing mother's knowledge about the right quantity and quality of foods. Though it would be a challenge to address the complex spectrum of various types and degrees of undernutrition, I would strongly believe that such an addition/improvisation in the protocols possibly in the already established NRC may augment the services delivered and have a huge impact on the prevalence of large spectrum of undernutrition. Widening of spectrum of services delivered by the NRC may have logistic implications, but it would be worthwhile for a holistic approach targeting undernutrition.

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