

## **PART 2**



### **Oral Rehydration Therapy**

**A Solution to  
Death From Diarrhea?**

## INTRODUCTION TO PART 2

*When examined in its historical context, the story [of oral rehydration therapy] lends itself to discussion of many of the themes which perplex medical historians: the conflicts between ‘high’ and ‘low’ technology, between laboratory and clinical science, and between public health and medical research. Furthermore, it demonstrates how the prejudices of the medical establishment and its reverence for advanced technology can postpone life-saving discoveries.<sup>1</sup>*

–Joshua Nalibow Ruxin, Wellcome Institute for the History of Medicine, 1994

In the first part of this book we looked at the history of health services in the Third World and at the rise and fall of primary health care (PHC). We saw how health and development policies have long been influenced by social and political factors, often in ways that favor the strong at the expense of the weak. And we noted how attempts to reach Health for All through selected “magic bullet” technologies have limited success because they do little to address the inequities perpetuating poverty and poor health.

In Part 2 we now examine one of the key technologies of the global Child Survival campaign: namely Oral Rehydration Therapy (ORT). We analyze why this potentially life-saving technology—although it has helped to save countless lives—has fallen short of expectations. Of the many contributing factors, two are outstanding: (1) global promotion of ORT as a factory-made product rather than as a home-made solution, and (2) commercialization of ORT, causing families to spend their limited food money on a remedy they could prepare more cheaply, faster, and possibly better at home.

Part 2 includes five chapters. Chapter 6 looks at historical events leading up to ORT, and notes how the medical establishment is perennially resistant to change. Chapter 7 explores the science and politics behind decisions to promote commercial packets, home-made ORT solutions, and/or less clearly defined “home fluids.” Chapter 8 discusses the obstacles and controversies surrounding ORT (including the incorrigible overuse of pharmaceuticals). Chapter 9 emphasizes the importance of food as part of ORT and of breastfeeding in preventing death from diarrhea. And Chapter 10 stresses the advantages of rehydration drinks made with cereals rather than sugars.

In the last analysis we conclude that although ORT is an important stop-gap measure, it alone will never reduce child death from diarrhea to acceptable levels. That can only be done by making sure that all children’s basic needs are met, and above all else, that they have enough to eat.