Mothers can trust zinc + oral rehydration salts (ORS), proven to:

• Speed recovery
• Restore strength, energy, and appetite
• Help keep children thriving

Give the child Zinc + ORS and give the mother peace of mind.

Mothers can trust zinc + oral rehydration salts (ORS), proven to:

• Speed recovery
• Restore strength, energy, and appetite
• Help keep children thriving

WHAT'S THE BEST WAY TO TREAT UNCOMPPLICATED DIARRHOEA?
Why Zinc?

Zinc is critical to the body’s ability to fight disease.

Without enough zinc, the immune system is compromised, and the gut is less able to keep fluids in the body.

Zinc helps the child:
- Recover quickly
- Fight disease
- Improve appetite and growth

Zinc + ORS—Together, they are proven to keep children strong and thriving.
- Proven to reduce mortality and hospital admissions for diarrhoea more than ORS alone

HOW MUCH ZINC TO GIVE

<table>
<thead>
<tr>
<th>Child younger than 6 months</th>
<th>10 mg</th>
<th>Once a day (for 10 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child older than 6 months</td>
<td>20 mg</td>
<td>Once a day (for 10 days)</td>
</tr>
</tbody>
</table>

Reduce stool output by up to 30%
Reduce duration of acute diarrhoea by 25%
A 10-day course prevents diarrhoea for 2-3 months
Zinc deficiency = Loss of appetite
Reduce stool output by 30%
Reduce stool output by 30%
A 10-day course prevents diarrhoea for 2-3 months
Zinc deficiency = Loss of appetite

Loss of appetite
Zinc deficiency
Zinc deficiency
Why ORS?

You know that ORS treats dehydration, which drains strength and energy.\(^7\)

But WHO/UNICEF and the Ministry of Health recommend ORS for diarrhoea, even if a child shows no signs of dehydration.\(^7\)

Compared with other fluids, ORS is better at keeping children hydrated and shortening the duration of diarrhoea.\(^8\)

How to give ORS\(^7\):

- The general rule is: give as much fluid as the child wants until diarrhoea stops

**AS A GUIDE, AFTER EACH LOOSE STOOL, GIVE**:

<table>
<thead>
<tr>
<th>Child under 2</th>
<th>Child ages 2 to 10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>One half cup</strong> (50-100 mL)</td>
<td><strong>One whole cup</strong> (100-200 mL)</td>
</tr>
</tbody>
</table>

ORS should be given until the diarrhoea stops. This may last several days.\(^7\)
For childhood diarrhoea:

**Antibiotics—Rarely**

**Antimotility drugs—Never**

In children, most diarrhoea episodes are due to viruses, parasites, or other causes that aren’t affected by antibiotics.

Antibiotics often don’t work and they don’t improve the child’s energy:

- They are not effective against most diarrhoea-causing organisms. They rarely help and can make some people sicker in the long term.

Antibiotics are only recommended for children with bloody diarrhoea and episodes of cholera.

Antimotility drugs—Dangerous for children, potentially deadly for infants:

- WHO/UNICEF and the Ministry of Health strongly discourage the use of antimotility drugs (such as tincture of opium, loperamide, or other opiate derivatives) in infants and children.

- These drugs delay elimination of organisms that cause the diarrhoea and may prolong the illness.

For ALL cases of childhood diarrhoea, start instead with zinc + ORS, proven to:

- **Speed recovery**
- **Restore strength, energy, and appetite**
- **Help keep children thriving**

References: