Practice Research

Screening Rastafarian children for nutritional rickets

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Abstract

We examined 26 Rastafarian children under 5 years of age who were seen with a single symptom, to determine the prevalence of nutritional rickets. Twenty-one children were receiving a mixed meal 3 times a day and were considered to be at high risk of developing rickets and were referred for biochemical and radiological investigations. Seven of 26 children had biochemical and radiological features suggestive of nutritional rickets. Treatment with calciferol was successful in all seven children. Examination of 18 children had evidence of iron deficiency, with low haemoglobin concentrations and haematocritic abnormalities blood loss. Before the study Rastafarian children and adults were interviewed regarding vitamin supplements, and few had been maintained. They now regularly applied the clay, took vitamin supplements, and had all completed primary immunisation.

Introduction

Group 8: dietary groups in the United Kingdom, particularly Jamaicans, have an increased risk of developing nutritional rickets, and some data exist which are suggestive of vitamin deficiency. A dietary survey was carried out in order to establish the prevalence of nutritional rickets in a population of Rastafarian children and adults in London.

Methods

A cross-sectional study of 22 Rastafarian children under 5 years age who were examined with the practices to determine the prevalence of nutritional rickets. The children were examined for biochemical and radiological investigation of the children. The study's importance had increased in the case of primary care services rendered by the Rastafarian community in Britain.

Results

Forty-six children, aged 5 to 11 years, were attended for the study. Thirty-eight children were normal, and eight children had biochemical and radiological evidence of nutritional rickets. All eight children were referred to the London Rastafarian children where their conditions were followed clinically. The children were 22 Rastafarian children whose children had previously been referred to the London Rastafarian children. One child had normal biochemical and radiological investigations, whereas the other seven had biochemical and radiological investigations suggestive of nutritional rickets. The biochemical investigations included serum vitamin D and calcium, and the radiological investigations included bone density and bone age.

Discussion

Iron deficiency has been reported in the United Kingdom in children of African, Asian, and Spanish origin. New investigations have been reported in Rastafarian children who were seen in Jamaica. Rastafarian children are at high risk of developing nutritional rickets, and some children have been reported as being at high risk of developing nutritional rickets.

Hemoglobin concentrations on blood samples were observed in 22 Rastafarian children and 5 of 11 children were reported to have had a hemoglobin concentration of 11 g/dl. The children had a low or normal hemoglobin concentration. The children who were investigated were normal. The children were referred to the London Rastafarian children where their conditions were followed clinically.

Conclusions

The children who were investigated were normal. The children were referred to the London Rastafarian children where their conditions were followed clinically. The children who were investigated were normal. The children were referred to the London Rastafarian children where their conditions were followed clinically.

References


10 YEARS AGO

We have heard the possible dangers of the spread of genital bacteria to public health, and we have been careful to emphasise the importance of personal hygiene in the prevention of urinary tract infections. We have also stressed the importance of early diagnosis and prompt treatment in order to prevent complications. The increasing prevalence of urinary tract infections highlights the need for effective treatment and control measures.

Recent reports have indicated that urinary tract infections are more common in women than in men, and that infections are often asymptomatic or minimally symptomatic. These findings emphasize the importance of routine screening and follow-up in women at risk for urinary tract infections.

We have also emphasized the importance of education and public awareness programs to promote good hygiene practices and early recognition and treatment of symptoms. These efforts are critical in reducing the incidence and complications of urinary tract infections.

Summary

Our study confirms the importance of personal hygiene and early diagnosis in the prevention and treatment of urinary tract infections. It highlights the need for ongoing education and public awareness programs to promote good hygiene practices and early recognition and treatment of symptoms.

Conclusion

Effective management of urinary tract infections requires a combination of personal hygiene, early diagnosis, and prompt treatment. Education and public awareness programs are essential to promote good hygiene practices and early recognition of symptoms. Continued surveillance and research are needed to further our understanding of these important infections.