

# 10-Marks questions with blooms levels:

## Unit-I

### 1.Explain the metabolic function of nutrients?

- Metabolism refers to the countless chemical processes going on continuously inside the body that allow life and normal functioning.
- The number of kilojoules your body burns at any given time is affected by your metabolism.
- Your metabolic rate is influenced by many factors – including age, gender, muscle-to-fat ratio, amount of physical activity and hormone function.
- Metabolism refers to all the chemical processes going on continuously inside your body that allow life and normal functioning (maintaining normal functioning in the body is called homeostasis). These processes include those that break down nutrients from our food, and those that build and repair our body.

Building and repairing the body requires energy that ultimately comes from your food.

- The amount of energy, measured in kilojoules (kJ), that your body burns at any given time is affected by your metabolism.

Achieving or maintaining a healthy weight is a balancing act. If we regularly eat and drink more kilojoules than we need for our metabolism, we store it mostly as fat.

- Most of the energy we use each day is used to keep all the systems in our body functioning properly. This is out of our control. However, we can make metabolism work for us when we exercise. When you are active, the body burns more energy (kilojoules).

### Two processes of metabolism:

Our metabolism is complex – put simply it has two parts, which are carefully regulated by the body to make sure they remain in balance. They are:

- **Catabolism** – the breakdown of food components (such as carbohydrates, proteins and dietary fats) into their simpler forms, which can then be used to provide energy and the basic building blocks needed for growth and repair.
- **Anabolism** – the part of metabolism in which our body is built or repaired. Anabolism requires energy that ultimately comes from our food. When we eat more than we need for daily anabolism, the excess nutrients are typically stored in our body as fat.

### 2.Explain about nutritional policies and their implementation?

#### Ans. National Nutrition Policy, 1993:

National Nutrition Policy was divided into direct strategies (short term) and indirect strategies (long term). Direct strategies demanded focus on the following:

Ensuring proper nutrition of the target groups i.e., the vulnerable section of the society (children, adolescent, pregnant and nursing women, etc.)

- Expanding the safety net for children (i.e., expanding the policy to rural slums along with urban slums),
- Food fortification,
- Provisions for low-cost nutrition food, and
- Combating micro-nutrition deficiency in the vulnerable groups

Indirect strategies demanded focus on the following:

- Food security,
- Improving the dietary pattern like providing nutritionally rich food at affordable cost,
- Improving purchasing power,
- Encouraging more of the small and medium enterprise to emerge,
- Prevention of food adulteration,
- Imparting nutrition education through social marketing, communication, etc.,
- Minimum wage administration,
- Equal remuneration for women,
- Monitoring of nutrition programs.

#### **National Nutrition Mission or POSHAN Abhiyan, 2018:**

This is the Centre's flagship program aimed at improving the nutritional outcomes for children, pregnant and lactating women. It was launched by Prime Minister Narendra Modi in March 2018. It is a multi-ministerial mission to ensure a malnutrition-free India. Its main focus is on tackling the issue of malnutrition.

#### **National Food Security Act, 2013:**

Enacted by the Parliament, this Act came into force in 2013. It aims to provide at least 5 kg of food grains per month at a subsidized price to around 75% of the rural population and 50% of the urban population. This Act also aims to provide nutritional support to pregnant women and lactating mothers along with children aged 6 months to 14 years.

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Other major nutrition programs include:

#### **National Vitamin A Prophylaxis Programme, 1970:**

In 1970, the National Prophylaxis Program against Nutritional Blindness was launched. It is a Centre sponsored plan under which covered all children between the ages of one and three years. This plan sought to administer about 2,00,000 IU of vitamin A to such children every six months.

#### **Special Nutrition Programme, 1970:**

Launched in 1970, this program provides a gives supplementary feeding of around 300 calories and 10 grams of protein to preschool children. It also covers nursing mothers and feeds them with 500 calories and 25 grams of protein. It takes place for six days in a week.

**Balwani Nutrition Programme, 1970:** The Balwani Nutrition Program was also launched in 1970. It is a program that focuses both on healthcare as well as education. Under this program, the Government of India seeks to supply food supplements to the Balwadis. It is meant for children who belong to the age group 3–6 years. It focuses on children of the rural areas and was launched under the aegis of the Department of Social Welfare.

- **Integrated Child Development Services (ICDS), 1975:** It is a program initiated by the Central Government in India. It is more of a package of integrated services. It provides food, preschool education, primary healthcare, immunization, health check-up, and referral services to children under 6 years of age and their mothers. This program sees implementation at the grass-root levels through Anganwadi workers.
- **National Iodine Deficiency Disorder Control Programme, 1992:** This program started as the National Goiter Control Programme (NGCP). It was later renamed to National Iodine Deficiency Disorders Control Programme (NIDDCP) in August 1992. This was to broaden the spectrum of iodine deficiency disorders like mental and physical retardation, deaf-mutism, cretinism, stillbirths, etc.

#### **Mid-Day Meal Scheme, 1995:**

It is a school meal program launched by the Government of India. It was formulated to ensure better nutrition amongst the school-going children. It covered all the children of primary schools run by the government or aided by the government. It allowed such children to receive a fully prepared mid-day meal.

### **3.What is nutrient and explain types of nutrients?**

#### **Nutrients:**

Nutrition is the study of nutrients in food, the relationship between diet, health, and disease, and how the body uses the nutrients. Nutritionists use concepts from molecular biology, biochemistry, and genetics to study how nutrients affect the human body. Nutrition also examines how people can use dietary choices to reduce their risk of disease, what happens if they consume too much or too little of a nutrient, and how allergies work. Nutrients, on the other hand, nourish the body. Nutrients include proteins, carbohydrates, fat, vitamins, minerals, fibre, and water. People are more likely to develop certain health conditions if their diet lacks the proper nutrient balance.

#### **Types of Nutrients:**

**Carbohydrates:** Carbohydrates include sugar, starch, and fibre.

Sugars are a type of simple carbohydrate. Sugars and processed starches are quickly digested and absorbed by the body. They can give you a lot of energy quickly, but they don't fill you up. They can also result in an increase in blood sugar levels. Sugar spikes on a regular basis increase the risk of type 2 diabetes and its complications.

Complex carbohydrates include fibre and unprocessed starch. Complex carbohydrates require some time so that the body can break them down and absorb them. After consuming fibre, a person will feel fuller for a longer period of time. Fibre may also lower the risk of diabetes, heart disease, and colorectal cancer. Complex carbohydrates are a better choice than sugars and refined carbohydrates.

**Proteins:** Proteins are made up of amino acids, which are organic compounds found in nature. There are a total of 20 amino acids. Some of these are essential, which means they must be obtained through food. The body has the ability to create others. Some foods contain complete protein, which means they contain all of the essential amino acids required by the body. Other foods contain a plethora of combinations of amino acids.

**Fats:** Fats are essential for:

Lubricant for joints

Assisting organs in the production of hormones

Allowing the body to absorb specific vitamins

Lowering inflammation

Maintaining brain health

**Water:** The adult human body is up to 60% water, and it requires water for a variety of processes. Water contains no calories and provides no energy. Many people recommend 2 litres, or 8 glasses, of water per day, but it can also come from dietary sources like fruit and vegetables. Pale yellow urine indicates a lack of adequate hydration.

#### **4.Explain the nutrition of community?**

Ans. Community nutrition incorporates the study of nutrition and the promotion of good health through food and nutrient intake in populations. This article will consider aspects of community nutrition relating to dietary goals and recommendations for populations; methods of assessing diet in population groups; and promoting healthy eating at the community level.

Community nutrition (public health nutrition) requires a population approach. The community rather than the individual is the focus of interest. This area of nutrition focuses on the promotion of good health and the primary prevention of diet-related illness. The emphasis is on maintenance of health in the whole population, although it will also include working with high-risk groups and other subgroups within the population. Community nutrition includes nutritional surveillance; epidemiological studies of diet; and also, the development, implementation, and evaluation of dietary recommendations and goals. A community may be any group of individuals, for example, the population of a town or country, or the residents of an old people's home.

#### **5. Describe the nutrition agencies?**

##### **Ans. National Institute of Nutrition (NIN):**

National Institute of Nutrition (NIN) was founded by Sir Robert McCarrison in the year 1918 as 'Beri-Beri' enquiry unit and the Institute emerged as full-fledged laboratory called National Institute of Nutrition in 1967. The NIN has attained global recognition for its pioneering studies on various aspects of nutrition research, with special reference to protein energy malnutrition (PEM). Institute's activities are broad-based, encompassing the whole area of food and nutrition. The Institute has achieved close integration in its research activities between the laboratory, the clinic and the community. The emphasis shifted to problem-oriented research, with a view to discovering practical solutions to nutrition problems that can be applied within the existing socio-economic framework. The NIN, over the eighty years of glorious service to the nation, has to its credit an impressive record of achievements in the amelioration of several nutritional disorders of our people. The Institute has been recognized by many national and international agencies as Centre for conducting advanced as well as ad-hoc training courses in nutrition and laboratory animal sciences. Institute is highly involved in identification of various dietary and nutrition problems prevalent among different segments of the population of the country, monitors diet and nutrition situation of the country and to come up with effective methods of management and prevention of nutritional problems besides planning and implementation of national nutrition programmes.

##### **The Indian Council of Medical Research (ICMR):**

The Indian Council of Medical Research (ICMR), New Delhi, the apex body in India for the formulation, coordination and promotion of biomedical research, is one of the oldest medical research bodies in the world.

The ICMR has always attempted to address itself to the growing demands of scientific advances in biomedical research on the one hand, and to the need of finding practical solutions to the health problems of the country, on the other. The ICMR has come a long way from the days when it was known as the IRFA, but the Council is conscious of the fact that it still has miles to go in pursuit of scientific achievements as well as health targets.

## Unit-II

### 1. Write a note on basal metabolism?

Ans. Basal metabolic rate is the energy released when the subject is at complete mental and physical rest i.e., in a room with comfortable temperature and humidity, awake and sitting in a reclining position, 10-12 hours after the last meal. It is essentially the minimum energy required to maintain the heart rate, respiration, kidney function etc.

The B.M.R. of an average Indian man is 1750-1900 Kcal/day. In terms of oxygen consumption, it would amount to about 15 litre/hr. Heavily built persons have higher BMRs, but the BMR per unit body weight is higher in the smaller built individuals ex. although the BMR of a man as given above is higher than that of a boy of 15 kg body weight that spends about 800 Kcal/day for its basal metabolism, the BMR per kg/day of man is about 30 Kcal, while that of the boy is about 53 Kcal/kg/day.

### 2. Write a note on RDA?

Ans. Recommended Dietary Allowances (RDAs) are the levels of intake of essential nutrients that, on the basis of scientific knowledge, are judged by the Food and Nutrition Board to be adequate to meet the known nutrient needs of practically all healthy persons.

The first edition of the Recommended Dietary Allowances (RDAs) was published in 1943 during World War II with the objective of “providing standards to serve as a goal for good nutrition.” It defined, in “accordance with newer information, the recommended daily allowances for the various dietary essentials for people of different ages” (NRC, 1943). The origin of the RDAs has been described in detail by the chairman of the first Committee on Recommended Dietary Allowances (Roberts, 1958). The initial publication has been revised at regular intervals; this is the tenth edition.

From their original application as a guide for advising “on nutrition problems in connection with national defense,” RDAs have come to serve other purposes: for planning and procuring food supplies for population subgroups; for interpreting food consumption records of individuals and populations; for establishing standards for food assistance programs; for evaluating the adequacy of food supplies in meeting national nutritional needs; for designing nutrition education programs; for developing new products in industry; and for establishing guidelines for nutrition labeling of foods. In most cases, there are only limited data on which estimates of nutrient requirements can be based.

### 3. Brief on factors affecting BMR?

Factors that affect our BMR

Your BMR is influenced by multiple factors working in combination, including:

Body size – larger adult bodies have more metabolizing tissue and a larger BMR.

Amount of lean muscle tissue – muscle burns kilojoules rapidly.

Amount of body fat – fat cells are ‘sluggish’ and burn far fewer kilojoules than most other tissues and organs of the body.

Crash dieting, starving or fasting – eating too few kilojoules encourages the body to slow the metabolism to conserve energy. BMR can drop by up to 15 per cent and if lean muscle tissue is also lost, this further reduces BMR.

Age – metabolism slows with age due to loss of muscle tissue, but also due to hormonal and neurological changes.

Growth – infants and children have higher energy demands per unit of body weight due to the energy demands of growth and the extra energy needed to maintain their body temperature.

Gender – generally, men have faster metabolisms because they tend to be larger.

Genetic predisposition – your metabolic rate may be partly decided by your genes.

Hormonal and nervous controls – BMR is controlled by the nervous and hormonal systems.

Hormonal imbalances can influence how quickly or slowly the body burns kilojoules.

Environmental temperature – if temperature is very low or very high, the body has to work harder to maintain its normal body temperature, which increases the BMR.

Infection or illness – BMR increases because the body has to work harder to build new tissues and to create an immune response.

Amount of physical activity – hard-working muscles need plenty of energy to burn. Regular exercise increases muscle mass and teaches the body to burn kilojoules at a faster rate, even when at rest.

Drugs – like caffeine or nicotine, can increase the BMR.

Dietary deficiencies – for example, a diet low in iodine reduces thyroid function and slows the metabolism.

#### **4. Discuss BMR and body surface area?**

Basal metabolic rate (BMR)

The BMR refers to the amount of energy your body needs to maintain homeostasis. Your BMR is largely determined by your total lean mass, especially muscle mass, because lean mass requires a lot of energy to maintain. Anything that reduces lean mass will reduce your BMR.

There exist many variations in formulae to calculate an individual's body surface area, but one of the most widely used techniques to calculate this value is the Du Bois and Du Bois formula. The formula is as follows [1]:  $\text{Body Surface Area} = 0.007184 \times (\text{Height}(\text{cm})^{0.725} \times (\text{Weight}(\text{kg})^{0.425})$ .

#### **5. Discuss briefly about classification of balanced diet?**

A balanced diet contains all of the essential elements that the human body needs.

Carbohydrates, lipids, vitamins, minerals, proteins, fiber, and water are all essential components in a well-balanced diet.

A nutritious, well-balanced diet lowers the risk of disease and enhances general health.

#### **Classification: -**

1. **Carbohydrates** - Carbohydrates provide you with energy, which should constitute 50-60% of your diet. Though it forms a significant diet component, you should not treat all carbs equally.

Sources of healthy carbs are-

- Whole grains like Oats, Quinoa
- Whole wheat, Dahlia
- Legumes
- Millets like ragi, bajra, barley
- Vegetables

2. **Protein** - Protein helps you build muscles and develops skin and hair. It should constitute 10-12% of your diet.

Sources of protein are-

- Legumes and beans, soyabean
- Poultry-Chicken, Turkey
- Seafood- Fish, Crab, Prawn, Lobster
- Eggs

- Lean meat- Lamb, Beef, Pork
  - Nuts and Seeds
  - Greek yoghurt
3. **Fat** - It is a misconception that fats are bad for your health. It would be best if you chose healthy fats as fats help you maintain your body temperature and help absorb fat-soluble vitamins ADE&K.

Sources of healthy fat are -

- Avocados
  - Nuts
  - Seeds
  - Extra virgin Olive oil
  - Fatty fish- Salmon, Sardines, Mackerel, Herring
4. **Vitamins** - Though there are 13 essential vitamins, you should take vitamins A, C, B, and D measures.

Sources of vitamins are -

- Fruits
  - Vegetables
  - Poultry
  - Seeds
  - Nuts
5. **Minerals** - Minerals help release energy from the food you take and promote the growth of organs. Some essential minerals are iron, calcium, potassium, iodine, and sodium.

Sources of minerals are -

- Fish
  - Meat
  - Beans
  - Cereals
  - Nuts & Seeds
6. **Fibre** - Fibre helps in digestion and also helps in lowering your cholesterol levels and controlling sugar levels.

Sources of fibre are -

- Oats, dahlia, Quinoa and Brown rice
  - Beans
  - Whole grains
  - Nuts & seeds
7. **Water** - You should take at least eight glasses of water as it hydrates your body and is used in body functions.

# UNIT -III

## 1. Write a note on malnutrition?

**Ans:** Malnutrition refers to deficiencies or excesses in nutrient intake, imbalance of essential nutrients or impaired nutrient utilization. The double burden of malnutrition consists of both undernutrition and overweight and obesity, as well as diet-related noncommunicable diseases. Undernutrition manifests in four broad forms: wasting, stunting, underweight, and micronutrient deficiencies.

Wasting is defined as low weight-for-height. It often indicates recent and severe weight loss, although it can also persist for a long time. It usually occurs when a person has not had food of adequate quality and quantity and/or they have had frequent or prolonged illnesses. Wasting in children is associated with a higher risk of death if not treated properly. Stunting is defined as low height-for-age. It is the result of chronic or recurrent undernutrition, usually associated with poverty, poor maternal health and nutrition, frequent illness and/or inappropriate feeding and care in early life. Stunting prevents children from reaching their physical and cognitive potential. Underweight is defined as low weight-for-age. A child who is underweight may be stunted, wasted or both.

Micronutrient deficiencies are a lack of vitamins and minerals that are essential for body functions such as producing enzymes, hormones and other substances needed for growth and development.

## 2. Give & explain the types of malnutrition?

**Ans:** Types of malnutrition

Malnutrition is a group of conditions in children and adults generally related to poor quality or insufficient quantity of nutrient intake, absorption, or utilization.

There are two major types of malnutrition:

Protein-energy malnutrition - resulting from deficiencies in any or all nutrients

Micronutrient deficiency diseases - resulting from a deficiency of specific micronutrients

Protein-energy malnutrition

There are three types of protein-energy malnutrition in children:

Type	Appearance	Cause
Acute malnutrition	Wasting or thinness	Acute inadequate nutrition leading to rapid weight loss or failure to gain weight normally
Chronic malnutrition	Stunting or shortness	Inadequate nutrition over long period of time leading to failure of linear growth
Acute and chronic malnutrition	Underweight.	A combination measure, therefore, it could occur as a result of wasting, stunting, or both.

Wasting and stunting are very different forms of malnutrition. Stunting is chronic and its causative factors are poorly understood. Stunting usually does not pose an immediate threat to life and is relatively common in many populations in less-developed countries. This is not to say that it is unimportant, just less important than wasting in humanitarian emergencies.

Wasting results from an acute shortage of food, is reversible with refeeding, and has a relatively high mortality rate. For these reasons, wasting is the highest priority form of malnutrition in humanitarian emergencies.

## 3. Brief on the causes of malnutrition?



Ans: Causes

## Low intake of food

Some people develop malnutrition because there is not enough food available, or because they have difficulty eating or absorbing nutrients.

This can happen as a result of:

- cancer
- liver disease
- conditions that cause nausea or make it difficult to eat or swallow
- taking medications that make eating difficult — due to nausea, for example
- Mouth problems such as poorly fitting dentures may also contribute to malnutrition.

## Mental health conditions

Undernutrition or malnutrition can affect people with:

- depression
- dementia
- schizophrenia
- anorexia nervosa

## Social and mobility problems

Factors that can affect a person's eating habits and potentially lead to malnutrition include:

- being unable to leave the house or go to a store to buy food
- finding it physically difficult to prepare meals
- living alone, which can affect a person's motivation to cook and eat
- having limited cooking skills
- not having enough money to spend on food

## Digestive disorders and stomach conditions

If the body does not absorb nutrients efficiently, even a healthful diet may not prevent malnutrition.

Examples of digestive and stomach conditions that may cause this include:

- Crohn's disease
- ulcerative colitis
- celiac disease
- persistent diarrhea, vomiting, or both

## Alcohol use disorder

Consuming a lot of alcohol can lead to gastritis or long-term damage to the pancreas. These issues can make it hard to:

- digest food
- absorb vitamins
- produce hormones that regulate metabolism

Alcohol also contains calories, so a person may not feel hungry after drinking it. They may, therefore, not eat enough healthful food to supply the body with essential nutrients.

### **4. Write a note on under nutrition and overnutrition?**

**Ans.** Undernutrition is a deficiency of nutrients. You may be undernourished if you don't have an adequate diet, or if your body has trouble absorbing enough nutrients from your food.

Undernutrition can cause visible wasting of fat and muscle, but it can also be invisible. You can be overweight and undernourished. Overnutrition (also known as hyperalimentation) is a form of malnutrition in which the intake of nutrients is oversupplied. The amount of nutrients exceeds the amount required for normal growth, development, and metabolism.

### **5. Describe nutrition and immunity?**

It is the process of acquiring food and then utilizing it for energy, growth, repair, and other metabolic functions. Nutrition is accomplished through the use of an alimentary canal. Human nutrition consists of the following steps: intake, digestion, absorption, assimilation, and egestion. Therefore, boosting the immune system is necessary to fight these unwanted diseases. There are numerous ways to strengthen immunity ranging from immunity-boosting shots to energy drinks. Eating healthy food is the most efficient holistic way to enhance immunity without any doubt.

## UNIT -IV

### 1. Write a short note on assessment of nutritional status?

**Ans.** Nutritional assessment allows healthcare providers to systematically assess the overall nutritional status of patients, diagnose malnutrition, identify underlying pathologies that lead to malnutrition, and plan necessary interventions. Nutritional assessment is the systematic process of collecting and interpreting information in order to make decisions about the nature and cause of nutrition related health issues that affect an individual (British Dietetic Association (BDA), 2012). This differs from nutritional screening which is a brief risk assessment which can be carried out by any healthcare professional and which may lead to a nutritional assessment by a dietitian.

Following a structured assessment path enables health professionals to carry out a quality nutritional assessment in order to identify those who need nutritional intervention, and to improve clinical decision making using a person centred approach. The process promotes consistent quality of practice; is user friendly; and allows effective monitoring of patients. A structured assessment pathway does not remove autonomy; it encourages professional judgement and informed decision making at every stage. The process provides a rationale for the nutritional intervention, and allows for revision of the plan as individual circumstances change over time.

### 2. What are the importance of anthropometry?

**Ans.** Anthropometry is the science that defines physical measures of a person's size, form, and functional capacities. Applied to occupational injury prevention, anthropometric measurements are used to study the interaction of workers with tasks, tools, machines, vehicles, and personal protective equipment — especially to determine the degree of protection against dangerous exposures, whether chronic or acute.

### **3. Brief on diet surveys?**

**Ans.** The term 'dietary survey' refers to a group of methods that are used to collect food consumption data to study the diets of individuals or groups. Common methods in dietary surveys are food frequency questionnaires, food diaries, and 24-hour recalls. These are often combined with the weighing and analysis of food to determine its nutritional properties. Dietary surveys are sometimes combined with other methods (e.g. the measurement of BMI or blood values) to study the relations between certain dietary patterns and health outcomes. National dietary surveys, conducted and commissioned by national and international health authorities, study national dietary patterns and are often an important input for the development of food policy.

### **4. Detail explain about the types of nutritional assessment?**

**Ans.** Types of Nutritional Assessment

#### **1. Anthropometric Nutritional Assessment**

Anthropometric measurements are noninvasive quantitative measurements of the body that provide valuable assessments of the nutritional status of children and adults. Typically, it involves the measurement of the size, weight, and proportions of the body.

#### **2. Biochemical Assessment**

Biochemical assessment involves checking the level of nutrients in a person's blood, urine, or stool, usually through a lab test. These lab tests can help a trained medical practitioner discover any medical problems affecting your nutritional status or appetite. For example, a lab scientist might take your blood sample to measure the level of glucose in your body.

#### **3. Clinical Nutritional Assessment**

Clinical assessment is the simplest and most practical method of ascertaining the nutritional well-being of a patient. In this case, the physician examines specific areas of the patient's body to discover any signs of deficiencies. A clinical nutritional assessment also involves asking the patient whether they have any symptoms that might suggest nutrient deficiency from the patient.

#### **4. Dietary Assessment**

Dietary assessment is the process of collecting information about what a person eats and drinks over a period of time. In other words, it is a record of the foods one eats in an attempt to calculate their potential nutrient intake.

## UNIT -V

### 1. Brief on the blood and it's role?

Ans: Blood brings oxygen and nutrients to all the parts of the body so they can keep working. Blood carries carbon dioxide and other waste materials to the lungs, kidneys, and digestive system to be removed from the body. Blood also fights infections, and carries hormones around the body.

Blood is made up of blood cells and plasma. Plasma (pronounced: PLAZ-muh) is a yellowish fluid that has nutrients, proteins, hormones, and waste products. The different types of blood cells have different jobs.

### 2. Write a note on faddism?

Ans. Food faddism is a term used to describe a particular food or food groups that is exaggerated or eliminated in order to achieve a specific health benefit [1]. There is a strong relationship between diet and health. Hence consumption of inappropriate food or food combination or poor eating habit could be a source of ill health. “Let food be thy medicine and medicine be thy food” by Hippocrates gives more insight to this issue . Basically, food faddism gives health claims that are not supported by scientifically valid evidence [3]. Food faddists are therefore, individuals who adopt a diet practice which promises benefits with no scientific proof [1]. Such people have thoughts, and expectations about foods that are in line with their beliefs. A study found that some folks disregard comprehensive health report and involve themselves with foods that may lead to health complications

### 3. Write a note on eating disorders and its causes?

Ans. Eating Disorders:

#### Anorexia

Anorexia ,also called anorexia nervosa, can be a life-threatening eating disorder. It includes an unhealthy low body weight, intense fear of gaining weight, and a view of weight and shape that is not realistic. Anorexia often involves using extreme efforts to control weight and shape, which often seriously interfere with health and daily life.

#### Bulimia

Bulimia, also called bulimia nervosa, is a serious, sometimes life-threatening eating disorder. Bulimia includes episodes of bingeing, commonly followed by episodes of purging. Sometimes bulimia also includes severely limiting eating for periods of time. This often leads to stronger urges to binge eat and then purge.

### **Binge-eating disorder**

Binge-eating disorder involves eating food in a short amount of time. When bingeing, it feels like there's no control over eating. But binge eating is not followed by purging. During a binge, people may eat food faster or eat more food than planned. Even when not hungry, eating may continue long past feeling uncomfortably full.

### **Avoidant/restrictive food intake disorder**

Avoidant/restrictive food intake disorder includes extremely limited eating or not eating certain foods. The pattern of eating often doesn't meet minimum daily nutrition needs. This may lead to problems with growth, development and functioning in daily life. But people with this disorder don't have fears about gaining weight or body size. Instead, they may not be interested in eating or may avoid food with a certain color, texture, smell or taste. Or they may worry about what can happen when eating. For example, they may have a fear of choking or vomiting, or they may worry about getting stomach problems.

## **4. Describe on food fad and faddism?**

Ans: A food fad draws people's attention for a limited time. Adults might be affected by food fads, but children are particularly vulnerable. Even though no single meal meets all nutritional needs except human milk for babies and young infants, food faddism appears to be growing in popularity among those seeking "healthy foods and a diet free of all purported pollutants," food faddism appears to be growing in popularity among those seeking "healthy foods and a diet free of all purported pollutants."

Food faddism is a term generally used to describe a particular food or food group that is exaggerated in the routine diet or is eliminated to cure a specific disease. Food faddism is labelled by some researchers as an unhealthy practice and is often associated with eating disorders. Food fads give health claims that are not supported by scientifically valid evidence expectations and people who adopt these food fads are in line with their beliefs. Misinformation about foods plays a role in practising food faddism. Very little research work has been done in our country on this issue of public health importance; therefore, the current study was designed to assess its frequency, determinants, and association to the health status of commonly vulnerable strata of our population. Certain foods are termed 'junk food' high in calories and have more salt, fat, and sugar. These include carbonated beverages, salted chips, fried food, pizza, etc.

## **5. Describe potentially toxic substances in human food?**

Mycotoxins:

Mycotoxins are naturally occurring toxic compounds produced by certain types of moulds. Moulds that can produce mycotoxins grow on numerous foodstuffs such as cereals, dried fruits, nuts and spices. Mould growth can occur before harvest or after harvest, during storage, on/in the food itself often under warm, damp and humid conditions.

Most mycotoxins are chemically stable and survive food processing. The effects of food-borne mycotoxins can be acute with symptoms of severe illness and even death appearing quickly after consumption of highly contaminated food products. Long term effects on health of chronic mycotoxin exposure include the induction of cancers and immune deficiency.