



Undernutrition Intake Involved in Muscle Atrophy and its Associated Symptoms

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DESCRIPTION

The body of the patient will eventually begin to exhibit indicators of malnutrition from those nutrients that they are unable to absorb. Muscle atrophy and lowered immunity are two examples of the indications of undernutrition that can result from deficiencies in any of the macronutrients, protein, lipids, or carbohydrates.

Insufficient nutrient intake, rather than a failure to absorb it, can cause malabsorption, which can result in dyspepsia and even malnutrition. Making food into bite-sized pieces is the first step. Taking in all the nutrients from our diet is the second step. After all the beneficial material has been absorbed, the third step entails getting rid of the waste that is still present. Our stools will contain undigested food that which is unable to absorb. Malabsorption syndrome, which can aggravate malabsorption, frequently causes diarrhea.

Micronutrient, vitamin, and mineral deficiencies can have an impact on a patient's eyes, bones, skin, and hair. In other instances, they might specifically struggle to absorb a certain nutrient. These types include, among others:

Carbohydrate malabsorption in the large intestine ferments any type of carbohydrate that is not completely absorbed in the small intestine. They are broken down into gases and short-chain fatty acids by bacteria. Intestinal gas is caused by gas, and steatorrhea is caused by short chain fatty acids. Fat malabsorption causes oily, runny and particularly smelly stools. Bile acid malabsorption is the failure of bile acids to be absorbed from the small intestine into the large intestine. Residual bile salts cause the colon to secrete water, causing persistent diarrhea.

The different causes of malabsorption can be grouped into a few broad groups. Both the secretion of digestive enzymes and the absorption of liquid food into the patient's circulation occur

through the mucous lining of the intestinal walls. But this mucous membrane can be harmed by injury and inflammation (enteritis). The harm may be short-lived (acute) or substantial (chronic).

While the patient's liver and gallbladder produce and store bile, which is crucial for breaking down fats, the patient's pancreas produces crucial digestive enzymes. When food is present, these organs deliver their constituents to our small intestine. However, if a disease prevents them from performing their duties, our small intestine won't be able to sufficiently break down food to absorb it. Fat absorption can be hampered by lymphatic system diseases that block these blood vessels. Examples include intestinal lymphangiectasis and lymphoma. Signs of malnutrition and malabsorption include greasy stools, persistent diarrhea, obvious anemia, and muscle atrophy. Some circumstances could be less obvious.

Depending on whether they have a general pancreatic insufficiency or a specific dietary intolerance, people may require specialized digestive enzymes supplemented. In order to assist avoid diarrhea in patients who have bile acid malabsorption, bile acid sequestrates (a food ingredient) may be necessary. It can be more challenging to address the underlying causes of malabsorption and merely need to modify their diet if the cause is only food intolerance.

CONCLUSION

Antibiotics can be used to treat simple infections. However, treating chronic conditions will call for more specialized care. Sometimes there is no immediate treatment, but symptom relief can be achieved by a change in lifestyle. Making dietary and lifestyle changes can frequently assist in addressing malabsorption and its associated symptoms.

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