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Comment

I do agree with the authors' observation that INH induced peripheral neuropathy is dose related and mostly seen in adolescents, alcoholics, anemic and malnourished patients. Biehl *et al.* reported that 44% of patients taking 16-24 mg/kg/day INH developed peripheral neuropathy(1), while only 2% developed in those taking 3.5 mg/kg/day. Oestreicher *et al.*(2) confirmed that even low doses of INH of 4-6 mg/kg/day can produce neuropathy among malnourished patients. Money reported that 20% of malnourished Ugandan tuberculosis patients taking only 4-6 mg/kg/day developed signs and symptoms of peripheral neuropathy(3).

The doubts raised by the authors that simultaneous use of pyridoxine may reduce the efficacy of INH is debatable. Eichenwald(4) mentioned that there is some suggestion that pyridoxine may decrease the efficiency of INH. However, it is men-

tioned that pyridoxine should be administered with isoniazid so as to minimize adverse reaction especially in malnourished patients and those predisposed to neuropathy, e.g., pregnancy, adolescence, diabetes, etc.(5).

The statement, made by the authors that pyridoxine may in fact reduce the efficacy of isonex possibly due to formation of pyridoxal-isonicotinyl hydrazone is probably not true. In fact INH induced peripheral neuropathy is due to vitamin B-6 deficiency of competitive inhibition of pyridoxal isonicotinyl hydrazone(6,7). Though this compound has been found to be highly unstable and probably has a lower anti-tubercular effect than INH has, this fact has not been proved in any human trial. In an animal experiment in mice it was found that very large doses of pyridoxine combined with INH had resulted in an antagonism of INH effect in the 2nd and 3rd month of the experiments(8).

In the absence of enough scientific evidence it will not appropriate to recommend ban on these combinations. A scientific study should be conducted using pyridoxine and INH combination in one group and only INH in another group of severe PEM to come to any conclusion. Everybody is otherwise using dose of B-complex syrup or tablets which also contains Vitamin B6. An excellent review article on this subject has been recently published(9).

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Should Malnourished Children be Included for Defining Normative Values ?

Gupta and Ahmed(1) have attempted to establish the normative values for blood pressure (BP) in a fairly large sample of school children. It is clear from their obser-

vations that mean systolic and diastolic blood pressure are lower compared to Task Force Committee Report(2). This may indicate that if values of Task Force Committee Report are followed in routine practice, some of the hypertensive Indian children will not be designated so, with obvious long term implications. But the authors do not mention whether malnourished children were excluded for establishing the normative values? However, looking at the *Figs. 1 and 2*, it seems that malnourished children were not excluded(1). This raises a question whether malnourished children should be included for defining normative values?.

Further, *Figs. 1 and 2* of the article show the effect of nutritional status of BP as the children are grouped according to weight compared to the reference weight; while authors maintain that this shows the influence of weight on BP. *Figure 1* also shows that nutritional status influences the BP and hence inclusion of malnourished children for defining normative values will influence the results. Increase in body weight has earlier been shown to have a positive correlation with BP(3).

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