

certificate should come from a team of personnel and should have a uniform system throughout the country. With similar issues in mind, we have teamed up with psychologist and special educators for a study to develop a pediatrician-friendly checklist for SLD to screen children in clinics. Department of Science and Technology, West Bengal showed interest and advised us to extend our work to English, Hindi and Bengali language. We are associated with a project funded by WB Government entitled "Development of a diagnostic tool for clinical assessment of specific learning disability and prevalence of specific learning disability in English, Hindi and Bengali medium primary school-going children in West Bengal". The pilot work is ongoing and hopefully, in a couple of years, will be able to generate a diagnostic tool with norms appropriate for India.

Cognitive development is conceptualized as one of the important issues to identify SLD. The problem needs to be addressed at the mass level all parts of the country. Only then can we come to a unanimous decision as to the specific tool and intervention.

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Vitamin D Supplementation for Tuberculosis

I read with great interest the recently published randomised control trial (RCT) on vitamin D supplementation for severe pneumonia [1]. I would like to add that owing to the ability of vitamin D to inhibit *M.tuberculosis* in macrophages by inducing autophagy [2], its role in control of tuberculosis is also being investigated. Similar to pneumonia, observational studies indicate that vitamin D deficient patients are more likely to be affected with tuberculosis. Three RCT's on the role of vitamin D in tuberculosis [3-5] have been conducted with considerable differences in results. The Denmark study [4], did not find any improvement in clinical outcome or mortality with the use of vitamin D as a supplement in a dose of 100,000 IU at 0,5 and 8 months. All these studies have been conducted in adults. Moreover, they have a small sample size and are underpowered. None of them have been conducted in India. The genotype of vitamin D receptors and consequently the metabolism also might differ in India compared to that of Europeans, these studies were carried out. This is important when viewed in the light of the study by Martineau, *et al.* [3], which found that a dose as high as 2.5 mg vitamin D hastened the sputum culture conversion exclusively in the subgroup of the population

which had *tt* genotype of the TaqI vitamin D receptor polymorphism.

Role of vitamin D supplementation needs to be studied in Indian children with tuberculosis.

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