Paradoxical reactions are commonly seen during treatment of tuberculosis and steroids have been found to be useful in their treatment. Optic neuritis as a paradoxical reaction to tubercular allergen has been reported in adults(3). As the patient reported by them responded to corticosteroids, the visual loss attributed to isoniazid could be an immunologically mediated paradoxical reaction. I also encountered a case where the patient developed optic neuritis on anti-tubercular therapy; she was successfully managed with steroids, and isoniazid was continued.

Thus, the patient described in this case report had a clinical adverse event (optic neuritis) which in addition to isoniazid therapy, could also be explained by concurrent disease (paradoxical reaction) or the other drug (streptomycin). Taking into consideration the above factors, the Naranjo algorithm for adverse drug reaction causality assessment yields a score of 4 (and not 6 as per authors), suggesting that the adverse drug reaction was only possibly (and not probably) related to isoniazid.

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Are These Guidelines Relevant to Indian Situation?

In reference to the recently published review article on oral health in children(1), I have the following comments:

The guidelines presented by the authors, are based primarily on the published policy documents of the American Academy of Pediatric Dentistry (AAPD)(2). The same guidelines may not be applicable to Indian situations. For example, the AAPD document has consistently referred to certain mode of bottle feeding as an important causative factor, and also while suggesting preventive interventions for early childhood caries. In USA, only 43% infants are breastfed at 6 months out of which only 14% are exclusively breastfed; only 23% are receiving breastfeeding at 12 months. Large majority of babies aged 6 months and beyond are bottle fed. In comparison, according to National Family Health Survey-3, the use of bottles with nipples is not common in India. Bottle feeding increases from 5 % under age two months to 18 % at age 9-11 months and declines at older ages. The median duration of breastfeeding is 24.4 months which means breastfeeding remains a predominant mode of feeding the infant and young children in India(3). As the situation of feeding practices is not comparable in both the countries, there is a need to address the guidelines in Indian context.

International and National policies on infant and young child feeding, including IAP's policy, recommend exclusive breastfeeding for first six months of life followed by introduction of complementary foods after completion of 6 months of age and continued breastfeeding till 2 years or beyond. These policy documents also recommend breastfeeding on demand, day and night. However, Chandna, *et al.*(1) have given statements and recommendations which are not only contrary to these accepted norms of infant feeding but also without any robust research evidence. The article suggests that breastfeeding on demand is associated

with development of early childhood caries and reference given for this observation is a review article published in 1998. The article further says that prolonged bottle or breast feeding provides an environment that enhances the development of early tooth decay. No specific reference has been cited for this statement.

Keeping the relevance of the optimal infant and young child feeding practices as an important tool in the fight against child morbidity and mortality, it is crucial to re-examine the facts cited in the article.

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REPLY

The focus of the article was dental caries and its potential causes in a child. Early childhood caries (ECC) in the breastfed infant is related to the extended and repetitive feeding times with prolonged exposure of teeth to fermentable carbohydrates without appropriate oral hygiene measures. Two case control studies from developing country settings showed that prolonged nocturnal breast feeding was a significant risk factors for ECC development(1,2). Night time use of bottles and sweetened drinks are well established risk factors for development of ECC. The recommendations of infant feeding, however, have to be in context of overall benefits of breastfeeding in terms of child survival.

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