The Article 21 protects *the right of life and personal liberty of citizen not only from the Executive action but from the Legislative action also.* A person can be deprived of his life and personal liberty if two conditions are complied with, first, there must be a law and secondly, there must be a procedure prescribed by that law, provided that the procedure is just, fair and reasonable(1). Violation of this fundamental right can be redressed by Hon'ble High Courts of State as well as Hon'ble Supreme Court under their writ jurisdiction. Action of SDM is *ultra vires* of Article 21 of Constitution of India and person affected can invoke Writ jurisdiction of High/ Supreme Court in form of a *papauris* (paupers suit) to get ration card and power supply restored.

As to the second part of his query, the answer is 'No'. Patients with immunodeficiency disorders including HIV, combined immunodeficiency, abnormal Immunoglobulin synthesis, Leukemia, Lymphoma/Neoplasm, drug induced immune-suppression or radiation therapy should receive IPV vaccine(2). IPV is also recommended in household contacts of people with immunodeficiency/altered immune status and OPV should not be used in such people(3). IPV has no risk of VAPP, circulating Vaccine Derived Polio Virus (cVDPV) in immuno-compromised host(4). Hence, such a doctor is not interfering with National polio eradication program and no such action can be taken as child immunized with IPV is neither at risk himself nor puts anyone else at risk of polio.

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Iron Folic acid Supplementation

The article on 'Impact of Iron-folic acid supplementation on cognitive abilities of school girls in Vadodara' has thrown light into a very relevant medical and social issue(1). ***Table* I** depicts the mean initial and final hemoglobin levels. However, the most important data on how many were anemic and what was the severity of anemia is not included. It is possible that some girls with significant anemia might be having anemia due to causes other than iron deficiency. Also the comparison between the anemic and the non anemic in the cognitive tests is also lacking. These observations can be eye opening data in this respect.

I also have a serious doubt as to how weekly or twice weekly iron can be given in those with diagnosed anemia. Weekly or twice weekly iron is recommended for anemia prophylaxis and not therapy. As per standard recommendations, they need daily iron therapy. Daily iron is documented to be superior to weekly administration(2). A therapeutic dose of 4-6 mg/kg of elemental iron in divided doses is required for optimum amount of iron in iron deficiency anemia(3). How is the administration of weekly iron justified in those with documented anemia?

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Reply

In this study, a majority was mild to moderately anemic and none of the girls was severely anemic. Further, in this article we have looked at the mean change in the cognitive scores of initially anemic girls. These girls were not compared with their non-anemic counterparts as very few girls were non-anemic on whom cognition test scores were available both before and after the intervention in each experimental group.

Secondly, on a program basis, once-weekly IFA (and not daily) in the same adult dose as that given to women (100 mg elemental iron and 0.5 mg folate) is recommended for the adolescent girls nationally in India, provided it is supervised supplementation, which is possible in school settings. For pregnant women, daily IFA is recommended. Various studies have shown significant impact of even weekly IFA on hemoglobin levels of adolescent girls especially the anemic ones(1). Thus, the Government of Gujarat initiated weekly IFA supplementation throughout the state among secondary school girls for anemia control(2). Besides, our study aimed at comparing functional benefits of once-weekly vs. twice weekly IFA since our earlier experience was that for other functional benefits other than anemia control, once-weekly may not suffice.

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Low Bone Mineral density in Childhood ALL

We read with interest the report on the effect of chemotherapy on bone mineral density (BMD) in children with acute lymphoblastic leukemia (ALL) using quantitative computed tomography (QCT) by Kaushik, *et al*.(1). Children with ALL are known to have lower BMD and a higher risk of fractures. Canadian STeroid-associated Osteoporosis in the Pediatric Population (STOPP) Research Program documented a 16% prevalence of vertebral fractures and every 1 SD reduction in lumbosacral BMD Z-score increased the odds for fracture by 80%(2). Thus, their results showing low BMD in 81% Indian children on treatment are interesting. We, however, would like to highlight our concerns regarding presentation and interpretation of data. Reference data are not sufficient for the clinical use of QCT for