ABSTRACT

Aim: To examine serum vitamin D concentration before treatment in patients with active T.B and their family members.
Method: Serum vitamin D concentration was measured before treatment in 50 patients with active T.B and 50 healthy contacts.
Results: There was statistically significant difference in serum vitamin D concentration between patients and their family members. Significantly more patients have severely deficient concentration than their family members. Dietary intake was the same in both patients and family members with similar sunlight exposure as well.
Conclusion: Patients with active TB have lower serum vitamin D concentrations than contacts from similar ethnic and social backgrounds with comparable dietary intake and sun exposure indicating that in TB patients factors other than diet and sun exposure contribute to vitamin D deficiency. Therefore while public health education should stress the need for adequate dietary intake of vitamin D in all vulnerable groups, there is need to explore a potential role for vitamin D supplementation in treatment of Tuberculosis.
Key words: Vit. D deficiency, Tuberculosis,
that low serum vitamin D levels results from tuberculosis itself.

Much remains to be known of the relative contribution of sunlight and diet to body vitamin D levels. Study of indigenous Indonesian suggested that in population with good year round sunshine, people could maintain adequate serum levels of vitamin D inspite of poor dietary intake. A similar study in India however found low vitamin D levels in the study population despite adequate sun exposure concluding that diet was the most important factor.

The significance of association between vitamin D deficiency and tuberculosis is 2 fold. First already low vitamin D levels in tuberculous patients may fall further on commencement of treatment. Further drops can be predispose to other vitamin D deficient states.

CONCLUSION

Patients with active TB have lower serum vitamin D concentrations than contacts from similar ethnic and social backgrounds with comparable dietary intake and sun exposure indicating that in TB patients factors other than diet and sun exposure contribute to vitamin D deficiency. Therefore while public health education should stress the need for adequate dietary intake of vitamin D in all vulnerable groups, there is need to explore a potential role for vitamin D supplementation in treatment of Tuberculosis.

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