Letter to the Editor

IAL/132/83 11th November 1983.

Dear Madam,

I refer to the letter from Dr. K. Pavithran in your journal (Vol 49 No.3 May June 1983 pp 142, 143). The letter attempts to reply some of the points raised on page 144, which to the best of my knowledge form part of a letter written by me, though there is no mention to this effect below the letter. To this extent you have not given the benefit of information to your readers that Dr. Pavithran actually refers to the points raised by me in my letter.

The apprehensions of Dr. Pavithran about rifampicin resistance would be realistic *only* in situations where this drug is given *as monotherapy*. Rifampicin is always recommended to be administered to multibacillary cases as a part of *triple drug regimen* which includes clofazimine and dapsone which are two powerful anti bacterial drugs and the doses are fully supervised. Those who want to "kill the snake" with "a violent hit" may kindly note that supervised daily administration of 21 days RFP preceding pulse therapy has been advocated by the Indian Association of Leprologists.

It is gratifying to note from the letter of Dr P. P. Mohandas (Journal of IADVL Vol. 49 No. 4 July-August 1983 p 186), that the Speakers at the Kerala Branch of IADVL at its Kottayam meeting concluded that in field conditions pulse therapy may be the suitable regimen and that there was no contradictions to this and that they were not against pulse therapy. However, it is not known whether this is the *concensus* opinion of the Kerala Branch of the Association.

Further, the clarification of the statement of Dr. George, Additional Director of Health Services, Kerala that "we would not rather be worrying about dapsone resistance which is not yet a problem in Kerala" will be eagerly awaited.

Thanking you,

Yours faithfully,
Dr. R. Ganapati,
Hon. Secretary.