



vaginalis was isolated from males.

Serology of *C. trachomatis* can be positive even in normal individuals and can certainly act as confounding factor while estimating its prevalence. Also the details of serology done for syphilis are missing from the data provided. Neither the number of VDRL positives nor the dilutions are mentioned. This is important because every VDRL positive case cannot be labelled as a case of syphilis till the time paired samples are taken and a cut off limit of these dilutions are drawn. Otherwise this will lead to very erroneous conclusions. VDRL positivity cannot be taken as active *T. pallidum* infection. Nothing has been said regarding the type of lesions or the stage of syphilis from where *T. pallidum* was isolated. Similarly, methodology of isolation of *H. ducreyi* is not mentioned - (sampling method and media used for isolation). We are well aware of the great difficulties in the isolation of *H. ducreyi* from the vaginal secretions. We would definitely like to know the achievement of the authors on this aspect. It is certainly very difficult to believe the statement of authors that in females suffering from candidiasis, trichomoniasis gets promoted. This is a serious compromise with the altered biochemical profile that the two agents require to be pathogenic. Candidiasis requires an acidic pH in vagina i.e. strictly opposite to the alkaline pH under which *T. vaginalis* flourishes.⁷ We would like to know how can two agents with

opposite biochemical requirement compliment each other. We are of the firm opinion that the information provided in the study is very little to challenge the earlier very elegantly designed and painstaking studies giving us epidemiological, clinical and investigative findings in women with vaginal discharge. Coexistence of so many sexually transmitted pathogen (if actually present for which there is no reliable evidence) is merely due to faulty conclusions drawn by authors and this study does not draw any worthwhile conclusions.

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SILDENAFIL NITRATE : ITS PRESCRIPTION

To the Editor

Union Ministry of Health has given a circular that sildenafil nitrate (SN) should be prescribed by psychiatrist, urologists and endocrinologists, not by Dermatologists (Dermatovenereologists). But according to teaching curriculum of Medical council of India, Dermatovenereologists are entitled to treat venereal diseases including erectile dysfunction which has been included in the textbook of sexually transmitted diseases as a separate chapter. Most of the patients of ED attends the clinics of

Dermatologists but they seem to have no right to treat the patient. Local chemist's association has been instructed by proper authority not to serve the prescription other than these specified three groups.

I want to know whether any possibility of legal liability arises by treating ED by the physicians other than these specified three groups.

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