Dear Prof Shukla,

Please accept my Best Wishes for the Monsoon season. I thank you for reconsidering our work on Mastalgia. As promised in my letter to Editor, I am sending all our work from AIIMS to your office to our IJS.

Response to reviewer’s comments:
1. Abstract and keywords typed twice; corrected
2. Keywords deleted after the abstract
3. Original Figure 2 has been deleted
4. Breast pain chart has been assigned a Figure number - Figure 2
5. The discription of drugs in Introduction has been trimmed.
6. Patient’s name: It is a very valid point; the pain chart has been edited and patient’s name erased. We request the honorable reviewer to permit keeping the pain chart as it depicts Cyclic mastalgia with premenstrual exacerbation and has a teaching role for trainee surgeons. I note that in many medical colleges and district hospitals a breast pain chart is not available. With our chart they can design their own and help the patients.
7. “Musculoskeletal” has been added.
8. Full form of VAS has been described in the Abstract initially. Should we put it in the Introduction also?
9. Reference on meta-analysis correctly cited as advised by honorable reviewer.
10. Full details of EVION given. It is important to mention this name as it is very commonly prescribed without any good scientific data for its benefit.
11. Reference regarding superiority of Danazol over Bromocriptine has been cited from the Book Benign Disorders and Diseases of the Breast second edition
12. Tamoxifen is the drug of choice: This is author’s personal observation while working in the Cardiff mastalgia clinic as a Faculty & Consultant breast surgeon during his sabbatical (Feb 2005 to Feb 2006) with Prof Robert E Mansel. The drug is effective and free from major side effects like nausea, vomiting (usual with Bromocriptine), weight gain and hirsuitism (usual with danazol). I have put a reference (Mansel RE: Personal Communication from Cardiff mastalgia clinic UK)
13. Tamoxifen References: Please see 3 references which have been added.
14. Centchroman aggravates Polycystic ovarian disease and cervical hyperplasia. Hence the drug is contraindicated in these conditions. Therefore a gynaecological referral was sought and a pelvic ultrasound done to rule out these 2 condition. Patients with these conditions were excluded from the trial.
15. We have removed the details of its antifertility effect. Actually previous reviewer had asked us to give its pharmacodynamics details.
16. Dosage schedule of Centchroman: Initially on alternate days, later daily. Final results in tables includes data from both studies. Please note the reason for change was to improve compliance and response.
17. The reference to our pilot study has been included
18. We have inserted a new paragraph “This trial has demonstrated…”