

## EDITORIAL

## The Endless Struggle against Syphilis

SYED ZULFIQUAR ALI SHAH<sup>1</sup>, MUHAMMAD KASHIF SHAIKH<sup>1</sup>, MUKHTIAR HUSSAIN JAFFERY<sup>2</sup>, AYESHA SAJID<sup>1</sup>, MOIZ MUHAMMAD SHAIKH<sup>1</sup>, LAEEBAH CHAUDHARY<sup>3</sup>, HAJI MUHAMMAD SHAIKH<sup>1</sup>

<sup>1</sup>Liaquat University of Medical and Health Sciences (LUMHS) Jamshoro

<sup>2</sup>Indus Medical College, Tando Muhammad Khan

<sup>3</sup>Rawalpindi Medical University

**Correspondence to:** Dr. Syed Zulfiqar Ali Shah, **Email:** zulfikar229@hotmail.com

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The disease known as syphilis has a unique and unsettling place in the vast history of human sickness. It is a disease that is defined by triumph, complacency, and rebirth. With the introduction of penicillin, this ailment, which was thought to have been eradicated off the face of the earth, is now seeing a revival all over the world<sup>1</sup>. Not only does the suppressed revival represent a medical failing, but it also serves as a significant reflection on the disrespect that society has for some aspects of treatment, including flaws in public health education, inadequate financing for sexual health care, and the continuous weight of stigma<sup>2</sup>.

Syphilis, which is caused by the bacterium *Treponemapallidum*, has been a problem for humankind ever since the 15<sup>th</sup> century. It has caused a great deal of harm and has been deeply imprinted in our historical and cultural awareness<sup>3</sup>. It is well known that the symptoms are notoriously deceptive, since they may occasionally go away for months or even years before reappearing with disastrous consequences on the heart, brain, and other vital organs. The data is unequivocal as the world health organization reports millions of new cases each year, and the centers for disease control and prevention in the United States has recorded a concerning increase in the incidence of congenital syphilis. This disease is passed down from mother to child, and it can lead to stillbirths, infant deaths, and long-term disabilities<sup>4</sup>. It is within a network of systemic flaws and shifting social dynamics that the remedy may be located.

In the past, the message on public health was both obvious and appealing; nevertheless, its efficacy has decreased. A number of projects pertaining to sexual health have been hampered in a number of different sectors due to budget shortages or political disagreements<sup>5</sup>. Comprehensive sex education, which has been shown to be an effective preventative measure against sexually transmitted infections (STIs), is increasingly being exposed to censorship.

As a consequence, younger generations are beginning to hold knowledge that is both insufficient and incorrect. A second factor that contributes to the growth is healthcare disparities. People who are members of marginalized populations and who are affected by issues such as poverty, racism, discrimination based on sexual orientation, or immigration status typically do not have access to comprehensive screening and treatment. In metropolitan locations, the prevalence of syphilis is growing among guys who engage in sexual intercourse with other males. This is a population that may have

difficulty gaining access to medical treatment or may have a deep-seated distrust of the medical system. In areas that are geographically isolated and have a limited healthcare infrastructure, it is possible that many cases may go untreated for lengthy periods of time, which will lead to more severe outcomes<sup>6</sup>.

By a strange twist of fate, technology has also played a role. Human relationships have been revolutionized and are not possible to hold these platforms accountable; they are only tools. On the other hand, the widespread use of these substances calls for a public health response that is

more flexible and up-to-date, which has not yet been fully fulfilled<sup>7</sup>. The stigma, on the other hand, continues to be the most harmful component over time. The shame and secrecy that surround sexually transmitted illnesses are almost overwhelming. When compared to the more open and honest public dialog that has been taking place around COVID-19 or even HIV, the stigma associated with syphilis remains to be present. Individuals who are infected often delay seeking treatment due to feelings of fear or guilt, and when they do ultimately do so, they are threatened with the risk of being judged rather than receiving care<sup>8</sup>. It is because of this culture of silence that the virus is able to propagate without disruption. For the route that lies ahead, there is a need for a fundamental reawakening, an ongoing, cohesive activity that incorporates the most cutting-edge parts of current science, technology, and social engagement<sup>9</sup>.

It is imperative that existing diagnostic tests that are straightforward, user-friendly, and quick be made widely available and economically viable. When administered in a timely manner, treatments, such as simple injections of penicillin, have a high rate of success; nevertheless, healthcare institutions must remain alert in order to diagnose and manage infections<sup>10</sup>. In addition, education has to be rethought. We need more than just data; we need to eliminate fear and misunderstandings, giving individuals the skills to recognize signs, seek aid without being stigmatized, and interact with partners with empathy and responsibility. In order to be successful, public campaigns need to be open, welcoming, and culturally sensitive, and they need not be afraid to tackle certain uncomfortable realities<sup>11, 12</sup>.

In conclusion, addressing syphilis involves more than just eliminating a bacterium; it also involves recognizing the significance of public health, acknowledging that sexual health is an integral part of overall well-being, and making certain that all individuals, regardless of their identity, are provided with the resources and knowledge they need to protect themselves and their communities

from syphilis. The fact that the fight against syphilis is still ongoing serves as a timely reminder that victories in the field of public health are not permanent. Self-satisfaction is the most powerful ally that the sickness may have. We need to make the decision to choose vigilance over neglect, compassion over stigma, and action over indifference when we are thinking about the future. Infectious diseases should not be allowed to cloud the future. Nevertheless, in the absence of firm and concerted action, that shadow will only grow stronger, which will ultimately result in devastating consequences.

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