

Definition of pain amended after four decades

The International Association for the Study of Pain (IASP) Council earlier in 1979 defined pain as “*an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.*” This definition had long been condemned for disregarding the heterogeneity of mind-body interactions, ignoring ‘the ethical dimensions of pain’, inadequately addressing pain in disempowered and neglected populations (neonates and elderly), belittling severe pain, and suffering associated with many diseases and excluding cognitive and social aspects inherent to the experience of pain.

The IASP felt the need for an unambiguous and concise definition to provide those dealing with pain with a shared understanding of the term to apply to health policy, research, and clinical care. A 14-member, multinational multidisciplinary Task Force updated the definition which was unanimously accepted by the IASP Council early in 2020. The revised definition is: “*an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage.*” The definition also includes the “etymology of the word pain” and “six notes” that highlight the need to assess the untoward effects of pain on an individual’s function, social and psychological well-being to help personalize their management.

The goal was to redefine pain in broad terms, in tune with the latest understanding of various factors that possibly contribute to the experience of pain, in hope that a better understanding of the nuances and the complexity of pain could result in better assessment and management of those with pain. A key amendment is replacing the terminology that relied upon a patient’s capacity to describe the experience to qualify as pain. The revised definition gives more room and respect for self-report by underscoring that tissue damage is not required. (*Pain July 2020*)

Support breastfeeding for a healthier planet

Since 1992, the first week of August has been celebrated globally as the *World Breastfeeding Week*. The theme this year is ‘Support breastfeeding for a healthier planet.’ The main objectives as per the Breastfeeding Promotion Network of India are to generate awareness and action on the deleterious effects of breast milk substitutes (BMS) and the protective role of breastfeeding on the environment and to involve groups for advocacy in different states to improve protection, promotion, and support of breastfeeding.

Breastfeeding safeguards the environment and is a climate-friendly and environmentally sustainable method of feeding. On the other hand, the use of BMS generates greenhouse gases in

the production process and waste in the form of bottles, teats, tin containers, and promotional material, imposing further burden on the planet. The sale of BMS is increasing rapidly despite the myriad advantages of breastfeeding. The total sale of BMS in India was 26,900 tons in 2016 with an estimated sale of 30,700 tons in 2021 (a 14% cumulative increase). Herculean efforts are needed to reduce its consumption and augment breastfeeding rates through good support systems for mothers.

WHO and UNICEF have called on governments to protect and foster mothers’ access to skilled breastfeeding counseling that can empower women to overcome obstacles and prevent practices interfering with optimal breastfeeding, such as the provision of BMS. Amidst the COVID-19 pandemic, it is necessary to ensure that mothers obtain the breastfeeding counselling they need.

(*www.bpni.org July 2020, www.who.int 31 July 2020*)

A game changer in COVID-19 testing

Testing for SARS-CoV-2 has been a major deterrent in our battle against COVID-19, with protracted delays and dearth of kits and reagents. In what could be a ground-breaking diagnostic innovation, the US FDA authorized the emergency use of a rapid, inexpensive, non-invasive saliva-based test, called Saliva Direct on August 15, 2020.

Developed at Yale’s School of Public Health, SalivaDirect uses saliva instead of nasopharyngeal samples, permitting non-invasive frequent sampling. Saliva can be self-collected in any sterile container, mitigating the need for special swabs, collection devices and trained healthcare professionals. This dualplex quantitative reverse transcription PCR assay does not require a preservative or the time-consuming and expensive nucleic acid extraction process. The ability to perform the test without these kits intensifies the capacity for increased testing, while making it less resource dependent. Another key component is its validation with reagents and instruments from multiple vendors, thereby minimizing risk for supply chain issues. It is highly sensitive (88-94%) with a limit of detection of 6-12 copies/μL. Yale envisages providing the SalivaDirect protocol open source to interested laboratories. As widespread testing is the key to containment of the virus, this flexible and inexpensive test (about \$10/sample) is a viable and accessible option to help alleviate COVID-19 testing demands.

This test, coming at a time of intense pressure on supplies and resources, could prove to be a turning point in our fight against the virus.

(*The Hindu 17 August 2020, MedRxiv preprint 4 August 2020*)

**JERIN C SEKHAR AND
GOURI RAO PASSI***
*gouripassi@gmail.com