Pain management, 21st century and Bangladesh

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International Association for Study of Pain (IASP) described pain as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage".

Pain Comes from the Latin word "Poena", meaning "Punishment". In ancient times, Pain was a form of Punishment for sinful activities. For example, Christians believed the pain during childbirth was a consequence of Eve's sin and was transferred to them directly by God1. The traditional belief of Christians had to be changed as Queen Victoria in 1847 accepted relief of labour pain by Chloroform administered by James Simpson during the birth of Prince Leopold1,2. For about past 2000 years, acupuncture had been practiced by the Chinese as pain management method along with treating other ailments. It developed from their belief in the existence of 'chi' or 'meridien' that is responsible for transmitting pain. World War II (1936-1946) paved the way for modern pain management as a great number of phantom limb causalgias as well as sympathetically mediated pain syndrome started to be noticed. John Bonica, popularly recognized as "father of pain" was the initiator of the concept of multidisciplinary, multimodal management for chronic pain. With increasing demand for organized pain management certain areas of pain medicine got the priority for being addressed. Labour analgesia, acute pain service and management of intractable pain attracted the clinicians for its development.

Now-a-days, with newer drugs and newer techniques, pain medicine has expanded substantially and found a newer horizon. Pain specialists are now being trained properly with formidable programme by credible organizations in the advanced countries.

Pain in general, can be divided into acute and chronic pain. There are different modalities for pain management. Starting from rest, medication, and exercise different methods of nerve blocks are considered according to the diagnosis. Newer interventional techniques are coming up to treat the pain patients. For example Radio frequency, Cryonuerolysis, Implantable infusion pumps, Verteboplalsty are some of the newer 'state of the art' techniques.

In Bangladesh, Pain practice started in a small scale in mid 80's. Pain management became more noticed when the first organized; multimodal pain clinic was started in 1993 at BSMMU (Formerly PG Hospital). In 1997, Bangladesh Society for Study of Pain (BSSP) was established which has now become an affiliated chapter of International Association for Study of Pain (IASP). BSSP has been organizing

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bimonthly scientific programmes, annual congresses workshops and international congresses. BSSP has got a yearly exchange programme with Japanese Universities and has been organizing training Pain specialist from Japan. Till now more than 10 Pain specialists have been trained abroad.

As Bangladesh is a developing country, it would be unwise at the moment to invite sophisticated management technique(s) not only for high cost benefit ratio but also the equivocal outcome of some of the modalities practiced. In situation like this one has to turn to indigenous and less expensive interventional techniques that can be adopted with relative ease.

For a start, BSSP is now organizing awareness programme on pain and pain management. In the year, 2004, as a part of global awareness programme started by IASP, BSSP responded by organizing a round table conference on "Global Day Against Pain" to increase the awareness about pain and its management among physicians drawn from relevant specialities, allied health care professionals, important personalities of the society as well as representatives from both print and electronic media. A fruitful discussion on that occasion paved the way for initiating possible positive outcome for future

Pain Medicine, although regarded as a subspeciality devoted to managing acute and chronic pain conditions, is now a well-established and recognized discipline of medicine in Bangladesh. The workers in this field at present are trying to consolidate the resources and manage the problems at a single outpatient clinic. The object of these pain clinics in Bangladesh is to offer one stop solution for pain management with a vision to create awareness about pain and its possible cure amongst sufferers as well as relatives. As a result, the numbers of physicians, particularly anesthesiologists equipped with special know how how regarding pain management is on the increase.

In Bangladesh, Pain Clinics seem to be getting popular in both public and private sector hospital and clinics. There are now, a number of private Pain Clinics in Dhaka and also one in Khulna. A list of Pain Clinics in Government and Private sector is available with BSSP. Pain Specialists in these Pain Clinics are trying to relieve the pain of the patients who have spent a lot of time and money in various medical and surgical specialties without getting any redress. In Pain Clinics, patients not only get freedom from pain through a number of therapeutic and interventional procedures but also some psychological remedial measures. The Pain Clinics concept should be established all over the country for the benefit of pain patients as it has the advantage of having simplicity and general acceptability.

References