

Analgesic Effect of Direct Breastfeeding

This is with reference to the recent article comparing analgesic effect of direct breastfeeding with dextrose and placebo [1]. Clinical studies have shown that calming effect of breast milk is due to components other than its sugar [2]. Oral sugar may change the facial expressions of some babies giving the impression that pain is being relieved. One randomized controlled trial measured the effect of oral sucrose on procedural pain in infants, with direct measures of brain and spinal cord activity as an outcome measure for pain. The results show that sucrose has no effect on the neural activity in sensory pain circuits in the brain or the spinal cord [3].

The needle prick causes pain, discomfort and produces a sense of insecurity. Cuddling, patting and holding baby very close to the body by caretaker or mother imparts sense of security and, calms and pacifies baby. Breastfeeding can help reduce pain and calm a child because it gives the infant comforting skin-to-skin contact and imparts a sense of security. Sucrose is given

because it seems to work but it probably just produces emotional blunting; the process related to pain continues with its detrimental effects.

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Vitamin D Toxicity

We read with interest the recent article [1] on a topic which is in almost everybody's mind. Unfortunately, the authors are completely silent on a crucial aspect, i.e. iatrogenic toxicity. Of late, it is not unusual to see prescriptions carrying advice for injectable Vitamin D, 6 lakh units intramuscular weekly for 4-6 doses, along with oral sachets of 60,000 units weekly, for unspecified periods! A year ago, we admitted a 4-month old baby who was prescribed 60000 units of vitamin D twice daily for 4 months by a qualified pediatrician. The baby presented with vomiting, a serum calcium of 17 mg/dL, and eventual nephrocalcinosis. In addition, there may be unwitting over-prescription. There is now a confusing multiplicity

of preparations, with capsules of 1000 or 2000 units similar in appearance to capsules of 60000 units.

Another alarming tendency which we need to be beware of, is to prescribe calcitriol indiscriminately. Calcitriol is needed only in a small subset of patients, *e.g.* those who have hypoparathyroidism or end stage renal failure. In others, it cause more harm than good, by causing transient hypercalcemia and reducing the body's own PTH drive.

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