

Drugs for diabetes: unscrupulous advertisements

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As diabetes is a chronic disease, it has become common for unethical people to offer instant cures, and even advise patients to stop treatment with time-tested anti-diabetic agents.

Research is going on, both in type I and type II diabetes, to look into various facets of immune modulation, pancreatic transplants, etc. However, though diabetes can be controlled, at present it cannot be cured. Despite this fact, some people claim that diabetes can be cured, which is completely unethical. Many clinicians find patients being swayed by the claims of advertisements of indigenous medicines, and stopping their treatment. Practitioners and councils of these disciplines do not look into such instances and try to stop this practice. The common belief that ayurvedic drugs are harmless can be very dangerous. Many of these preparations contain toxic metals which if not adequately purified can cause grave harm

Adjunct, not substitute

Many of the so-called cures are either plant- or metal-based. These agents have some blood sugar lowering properties. However, they cannot control blood sugar. The common belief that a 'nature cure' is more physiological and less harmful is not always true especially in the case of diabetes. These agents, if taken in the proper form and in proper doses can help reduce the doses of either insulin or other oral hypoglycemic agents. Insulin is vital for the sustenance of life. It is almost criminal to claim that that type I diabetes patients can live without insulin, or that any other agent can be a proper alternative to insulin. Many patients have lost their lives due to the unethical promotion these home remedies. Manufacturers purport to back their tall claims with the recommendations of reputed doctors. However, investigations reveal that such statements are quoted in part and out of context.

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Importance of control

The fundamental principle of diabetes management is to achieve adequate blood sugar control. Various trials have conclusively proved that strict control of diabetes can be very beneficial for the patient. Complications like gangrene can be reduced by 40 per cent to 60 per cent, simply by controlling blood sugar strictly. This cost-effective treatment needs to be popularised amongst patients as well as doctors. Regular self-monitoring of blood sugar levels is the cornerstone of blood sugar control. This can be done by any patient and at any level of health care. Effective patient education on the importance of blood sugar control will drastically reduce the money spent on treatment of complications. Many manufacturers of "wonder drugs" advocate less stringent blood sugar control. This can cause grave harm to the patient and set in complications like retinopathy and nephropathy.

Early detection, adequate blood sugar control and prompt recognition and treatment of complications remain key elements in tackling diabetes, from the point of view of individual patients as well as public health. However, awareness of these aspects in society and the medical profession is low. One important factor which contributes significantly to the current problem is the unequal distribution and availability of doctors in the country. Diabetes is a disease of both urban and rural areas, but rural diabetics are forced to depend on unqualified or untrained practitioners for the diagnosis and treatment. The large — and increasing — number of diabetic patients may be viewed by unscrupulous people as a golden opportunity to make a quick buck at the expense of vulnerable people.

Need to communicate

Another factor responsible for the prevalent situation is doctors' apathy and lack of will to spend time with diabetics. Diabetes is a chronic disease linked to lifestyle which includes diet. Doctors must establish proper

communication with patients. Besides drugs, other aspects of the treatment such as diet control, stress management and exercise can be implemented only if the patient is motivated and is involved in the treatment. This requires lot of effort on the doctor's part. In today's commercialised practice, doctors don't spend this time, as a result of which patients go for "wonder cures" for want of adequate scientific information. Quackery in diabetology is emerging as a major factor with serious public health implications, given the large numbers of diabetics expected in the future. There is a desperate need to provide doctors and paramedics with proper training, and to develop cadres of health workers trained in the basic management of diabetes.

In conclusion, there are many misconceptions about diabetes and its treatment, and they have not been dispelled by the medical profession. There is an urgent need for a patient education movement to prevent unethical treatments in diabetes. Diabetes is a relentless disease. Its advance can only be controlled, not stopped. The medical profession has an ethical duty to keep abreast of all new developments which could benefit their patients, and work with their patients to reduce the serious effects of the disease.

India has successfully tackled healthcare challenges like small pox. However, as a slow killer, diabetes is in a different league and needs a different strategy. At the same time, drugs and doctors cannot control the public health problems of diabetes. We require a cadre of health-care workers to educate patients in diet control, stress management, lifestyle changes and other non-medical aspects of treatment. Doctors, paramedics and other healthcare workers must be trained in scientific methods of diabetes management with cost-effective technology which applicable to our country. Only this can prevent unethical exploitation of patients.

