Uttar Pradesh Association of Physicians of India
Position Statement: Betel Quid (Paan) and Diabetes

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Sir,

We have read above Position Statement on Betel Quid and Diabetes with great interest as it is of pan Indian relevance and has global impact too.¹ Betel quid is chewed by many people not only in Uttar Pradesh but also in Madhya Pradesh, Bihar, Jharkhand, Chattisgarh, Gujarat, and by migrants from these states to other parts of India like National Capital Region.² We also know that diabetes has become an epidemic like disease in urban and rural part of entire India. Betel quid contains betel leaf (Piper betel), areca nut (Areca catechu), slaked lime (CaOH₂), tobacco (Nicotiana tabacum) and katha (Acacia catechu) some of which mainly betel nut and tobacco are highly addictive, and have diabetogenic activity besides adverse cardiovascular effects and oncogenic potential.³ Another aspect of betel quid saga is its adverse health effect on the betel quid sellers due to continuous exposure to betel quid containing resinous extract of Acacia catechu, baked shell lime, betel nut and tobacco. This leads to a condition called as ‘Betel Quid Seller Syndrome’ characterized by central obesity, diabetes, insulin resistance and/or ischemic heart disease.³ This syndrome is due to prolonged hours of sitting, absorption of nicotine and arecoline through damaged finger and palm epithelium in betel quid sellers. It is therefore important that we should strongly emphasize upon betel quid sellers to think of alternative occupation in view of the known hazard of developing diabetes, premature coronary artery disease (CAD) or oral cancer because of their prolonged contact with areca nut, nicotine and other toxic ingredients present in betel quid. In fact, one of our young betel quid seller who had central obesity and prediabetes switched over to the hardware shop fearing possibility of future diabetes. His father and two other elder siblings who are in the same trade have already full blown diabetes, hypertension and CAD.

The recommendations made in the above Position Statement hold true not only for entire India but in other South Asian Countries and countries which have sizable migrant Indians because of their proclivity to betel quid chewing habits.

References
3. Dwivedi S, Aggarwal A, Dev M. All in the name of flavor, fragrance and freshness: Commonly used smokeless tobacco preparations in and around a tertiary hospital in India. Indian Journal of Medical Research 2012; 836-841.