Book Review

Handbook of Oral Anti-Diabetic Drugs

VS Ajgaonkar

Dr. Ajgaonkar has compiled all useful and practically relevant information about oral hypoglycemic agents. This information is useful not only for doctors but equally for the patients. Internet has now provided unlimited access to health care information for which patients seem to have an insatiable need but which the practicing doctors are too busy to provide. Management of diabetes provides the best example of the crucial importance of patient education in the management of his disease. Accessing the Google Search engine one finds 18400 links for diabetes management including evidence-based practice guidelines. In an article in the British Medical Journal (Vol. 320, pages 1720-23, 2000) McCormack and Greenhalagh had critically commented that ‘experts see what they want to see while interpreting results of randomized controlled trials’. They gave the example of UK Prospective Diabetes study (UKPDS) which clearly showed a clinically important benefit on macrovascular endpoints with metformin therapy in T2DM over 10 years. On the other hand, the study showed no benefits on the macrovascular end points with sulfonylureas or insulin therapy over 10 years. Further, compared to the diet group there was an undesirable weight gain (3.5 kg) in those treated in the latter group. Diabetologists will have a tough time defending their continued preference for sulfonylureas and insulin in T2DM where insulin resistance is the main defect (diminished secretion of insulin comes much later), and increased hepatic glucose production and decreased glucose entry into muscle are the basic defects, ameliorated by metformin.

There is need and scope for imaginative thinking and exploring the benefit of adding karela (Momordica charantia) juice and Jambhul seeds to low dose metformin. Since these two natural products described in Ayurveda, have been shown to decrease hepatic gluconeogenesis similar to metformin. Dr. Ajgaonkar is the right person to plan and execute a prospective study to treat and validate this approach, since his father the late S. S. Ajgaonkar was the pioneer in bringing ancient Indian insights about Diabetes mellitus to the modern study of this subject. He drew our attention to the Ayurvedic emphasis on lifestyle modification through diet (Ahar a), exercise (Vyayam), and achar (ethical conduct) in the management of diabetes. In the context of endothelial dysfunction, it is worth emphasizing that a vegetarian diet with 400 gm fruits and vegetables, and low fat, high fiber, natural anti-oxidants (carotinoids, flavonoids, vitamin C, vitamin E), high potassium, and low sodium, significantly decreases insulin resistance. Along with exercise, it helps to bring down high cholesterol to natural levels without the need for statins. Dietary sources of L-arginine (precursor of nitric oxide) include watermelon seeds, bhendi seeds, raddish, til, and yam. For long term management of T2DM as well as for prevention, these measures should take precedence over drugs. All clinicians as a group should be sensitive to the worldwide public perception that out prescribing behaviour is unduly influenced by the aggressive promotion and propaganda of the drug lobby.

Dr. Ajgaonkar’s present book is part of a series of booklets he has written for contributing education of the practicing physicians as well as the patients. I trust this effort will be rewarded by the resultant improvement in diabetic care.

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