Insulin – A voice for choice

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Karger, 2007
Soft cover, XIV+82 pages
ISBN: 978-3-8055-8353-4
US$28.00

This unusual work is a blend of medical history, clinical practice, research and a possible touch of conspiracy.

The book commences with a clear overview of insulin therapy that is concise and easily understood. The following section provides a brief but complete history of insulin, and introduces the pivotal concept that the earlier “animal insulins” (bovine or porcine) and the later development of “human insulins” and insulin analogues are different.

Insulin hypoglycaemia in all its manifestations is discussed extensively. The hazards of “human” insulin hypoglycaemia are presented by case study, along with reports of “human” insulin-induced hypoglycaemia being associated with road traffic accidents, ‘dead-in-bed’ syndrome, violence and emotional instability.

Research findings are presented that demonstrate that “human” insulin and “animal” insulins are not the same, building a strong case that the recombinant technology-sourced “human” insulin is in fact not identical to the human insulin, and in susceptible patients is dangerous, compared with the older “animal” insulins.

While not actually making a conspiracy allegation, the author demonstrates the power of the big drug companies in the case of the promotion of the so-called “human” insulin in three ways:

- The aggressive marketing of “human” insulin and the withdrawal from the market of “animal” insulin to the point where it is almost impossible to obtain “animal” insulin in many countries;
- The use of the Brand name “Humulin” was approved by the FDA contrary to the FDA’s own long-standing regulations that disallow fanciful names or false and/or misleading claims embedded in the name. (“Humulin” suggests “human” when the insulin is in fact is synthetic recombinant DNA-sourced, insulin that is not human identical).
- The FDA’s short 4-month review of the first medical product of biotechnology, when the average time for approvals was two or more years, suggests an “unusual enthusiasm by FDA staff for the product”.

This remarkable book concludes with a Chapter on Advocacy where the authors seek to retain the availability of animal-sourced insulin, providing clinicians the option to use either Humulin or “animal” insulin. The key message is that “human” insulin is not suitable for all patients, so there should be a choice.

While an unusual book, the case is well argued, and while the case is presented passionately, it is also balanced. Full referencing of the text provides additional credibility.

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