

METFORMIN Aka Glucophage – Prescribe, or Not? Is There An Alternative?

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Opinion Article

We read of so many promising results in prescribing Metformin, particularly since research has determined it serves as an anti-inflammatory plus antiviral as well as seems to affect mTOR inflammation pathways.

In this study, it was found that Metformin drastically reduces COVID hospitalization:

Metformin drastically reduces COVID hospitalization | MDLinx

The widely available diabetes drug metformin reduced serious outcomes by more than half if started within 4 days of COVID symptoms in a large, randomized, double blind controlled trial, the University of Minnesota announced today. The results were published Aug. 18 in the New England Journal of Medicine. Also noted in that report, FDA guidelines indicate that it should not be taken by people with advanced kidney disease, and should be taken with food, or in extended-release formulation, to avoid stomach upset. Side effects are minor and include loose stools. Metformin is also considered safe for use in pregnant women. So, here we find encouragement for its use for a number of reasonable reasons. Yet, in another report I compiled this August 2022, there are also reasons for concern requiring attention before prescribing. That report is provided further below. Apparently, this becomes among those concerns considered between-a-rock-and-a-hard-place. Damned if you do; damned if you don't. And that brings us to the often reasoning: is its effect/benefit sufficiently worth prescribing vs its possible adverse effects.

Here is my earlier report of concern in the prescribing of Metformin:

In 2019 this report advised of the concern regarding some of the manufactured Metformin/Glucophage contaminated by n-nitrosodimethylamine (NDMA), a suspected carcinogen. This

resulted in several recalls. Apparently, this continues something for which all clinicians, pharmaceuticals, and certainly patients prescribed this medication to be aware since to date, there appears there has been no conclusive evidence that all such production is now considered controlled.

Diabetes drug metformin latest to be targeted for carcinogen scrutiny

When in August 2022 I posed the question in my search box, has metformin found to be safe since questioned in 2019 as to containing a carcinogen to be concerned; it appears, as noted above, there has been no conclusive evidence that all such production is now considered controlled. Tests by the U.S. Food and Drug Administration (FDA) found n-nitrosodimethylamine (NDMA) contamination in some common metformin products, which led to recalls. NDMA contamination is a cause of concern because it is a suspected carcinogen. More here:

Metformin, the Recall, and What You Need to Know

Also To Be Aware:

Indications where Metformin may be dangerous:

Why is metformin dangerous - Search (bing.com?)

Important to consider as an alternative to Metformin: There has been concern among several PCa patients regarding the use of Metformin for diabetic management as well as PCa management. The below article describes the alternative “BERBERINE,” a powerful plant extract having several impressive health benefits.

It can effectively lower blood sugar, help with weight loss and improve heart health—two things that most pharmaceutical diabetic medications cannot do. It is also anti-inflammatory and antimicrobial and is effective against diarrhoea, intestinal parasites, *Candida albicans*, and possibly Methicillin-resistant staph aureus. Metformin vs Berberine for Diabetes (Plus this yellow herb lowers blood pressure, fights parasites, and more)

Quoting from within article: Several impressive studies show that berberine can lower blood glucose as effectively as the drug metformin, without the negative side effects. Two of the best-known peer-reviewed studies published in the journals *Metabolism* and the *Journal of Clinical Endocrinology* compared berberine in one group to metformin (Glucophage) in another group. The berberine group had very similar blood sugar-lowering effects as the metformin group. In addition, the berberine also effectively reduced the patients' A1C, triglycerides, LDL cholesterol, and blood pressure. Three things that metformin cannot do!

- Hemoglobin A1C decreased from 9.5% to 7.5% (about a 21% reduction)
- Fasting blood glucose (FBG) decreased from 190.8 to 124.2 mg/dl
- Postprandial blood glucose (PBG) decreased from 356.4 to 199.8 mg/dl
- Triglycerides from 100.5 to 79.2 mg/dl

Berberine works by stimulating uptake of glucose into the cells, improves insulin sensitivity, and reducing glucose production in the liver. This review published in the *International Journal of Endocrinology* further expanded on berberine's role in treating type diabetes. BBR [berberine] is used to treat diabetic nephropathy (DPN), diabetic neuropathy (DN), and diabetic cardiomyopathy due to its antioxidant and anti-inflammatory activities. Insulin treatment also creates a greater susceptibility to cancer. The connection between diabetes and cancer is fairly clear—in fact, several studies have shown up to a 30% great likelihood that diabetic patients on supplemental insulin can develop colon, breast or prostate cancers.

For A Comprehensive Explanation, Read On

Metformin vs Berberine for Diabetes (Plus this yellow herb lowers blood pressure, fights parasites, and more) - thenutritionwatchdog.com

Of interest: A Prostate Cancer patient whom I mentor provided his experience with berberine when experiencing irregular ventricular ectopic beats (VEBs): he first became aware of VEBs following going to bed, trying to sleep. They were so intrusive it became impossible for him to sleep. He received a Holter ECG that indicated 29,000 VEBs. He had not yet learned of berberine. A few years later when learning, he began 500mg daily. A

subsequent Holter ECG revealed his VEBs reduced to less than 600! He continues on berberine 500mg twice daily and his VEBs remain low.

Disclaimer: Please recognize that I am not a Medical Doctor. Rather, I do consider myself a medical detective. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued deep research and study in order to serve as an advocate for prostate cancer awareness, and, from an activist patient's viewpoint, as a mentor to voluntarily help patients, caregivers, and others interested develop an understanding of this insidious men's disease, its treatment options, and the treatment of the side effects that often accompany treatment. There is absolutely no charge for my mentoring – I provide this free service as one who has been there and hoping to make their journey one with better understanding and knowledge than was available to me when I was diagnosed so many years ago. Importantly, readers of medical information I may provide are provided this “disclaimer” to make certain they understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as MY OPINION, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing their prostate cancer care.