Use of Smokeless Tobacco in Medical Students and Hypertension

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To Editor,

Tobacco is being used in various forms including cigarette, shisha, cigar and bidi smoking and smokeless tobacco. Smokeless tobacco constitutes various forms of tobacco i.e. paan/betel quid, tobacco with lime, naswar, gutka, qiwam, tobacco tooth powder, minpuri, areca nut (supari) [1, 2]. Qiwam consists of thick paste of boiled tobacco mixed with powdered spices such as lime, naswar, gutka, qiwam, tobacco tooth powder, minpuri, areca nut, and esophageal cancers emerging epidemic of oral sub mucous (attributed to areca nut), asthma, diabetes, hypertension, dyslipidemias to smokeless tobacco include oropharyngeal cancers, laryngeal cancers, fibrosis


According to existing literature smokeless tobacco is considered as an important risk factor for hypertension and dyslipidemias [5]. Hypertension occurs because of sodium and nicotine content of smokeless tobacco and glycerrhizinic acid [5]. The extract of Glycyrhriza glabra root, present in many chewing tobaccos has potent mineralocorticoid activity and may cause high blood pressure and in one study hypokalemia, alkalosis, sodium and water retention and suppressed plasma renin activity [6]. It was found in the study done on tea garden workers that consumption of locally manufactured alcohol, excessive intake of salt and usage of khaini (tobacco, lime, water menthol, oil, spices contains added flavors) posed the workers at increased risk of hypertension [7]. Another study found that after chewing betel quid with tobacco for 15-30 minutes, there was rise in heart rate and blood pressure, while the same findings were not observed after chewing betel quid without tobacco [8]. Smokeless tobacco is also commonly consumed by medical students who are the future ambassadors of the health. A cross-sectional study done in Pakistan found that 21.5% students used tobacco in some form (smoked or smokeless) during their life time. While 6.4% were life time users of smokeless tobacco, 1.3% were daily users and 1.8% were the established users [1]. Thus, use of smokeless tobacco cannot be ignored among medical students of Pakistan too. Doctors are considered as role models for the society and main source of public health awareness across the world. If these doctors are engaged in such type of behavior, they will be least likely to counsel the patients about the hazards of tobacco. Thus, Government needs to plan some actions to reduce the use of smokeless tobacco. Simultaneously medical colleges should also take some actions like incorporating the hazards of tobacco use in the medical college curriculum and to make other possible efforts to ban tobacco use in the medical colleges.

References


