Sir,

I read the editorial by Dr. Kalra et al. on the concept of metabolic karma published in the May–June issue of the Indian Journal of Endocrinology and Metabolism with keen interest. With the understanding that I was raised in the European cultural sphere and that Eastern spiritual concepts were imparted on me only through one of my professors at the Charles University, Zbavitel, a Scholar of Bengali Literature, translator from Sanskrit and Pali and more, and through my professional experience in Nepal, I would like to make a few notes. As described in the editorial, the concept of metabolic karma is logical but can potentially lead to dangerous results. Presenting this concept as stated to patients with type 2 diabetes mellitus could lead them to the conclusion that it is not necessary to make an effort to change their lifestyle habits, which we know to be key for improving metabolic control, and that the impetus for melioration can come from the outside, mainly through medication. And, we all know that for a significant portion of patients even in very developed parts of the world, modern antidiabetic medication is still not available due to financial limitations.

From a philosophical point of view, the concept of metabolic karma, as described, shifts the meaning of the original concept of “personal karma” as the result of the action of an individual, to a sort of “collective karma” that arises from the actions of a group of people. This group, at the very least in diabetic cases, includes a doctor, who, despite all his or her talents and efforts, may not be quite as good as the idealized version portrayed in the pleasant article by Kalra and Kawatra, published in the July–August issue of the journal.

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