Glucose-Insulin-Potassium Use in Acute Myocardial Infarction

To the Editor:

As my mentor Dr William Dock said, medical practice is like a pendulum: it swings back and forth every 20 to 30 years. Sodi-Pallares et al1 in 1962 introduced the glucose-insulin-potassium infusion (GIK) for treatment of acute myocardial infarction. It was also called the “polarizing solution,” but little did they know that this solution indeed polarized the cardiologists at that time to “believers” and “nonbelievers.” Soon the GIK treatment for acute myocardial infarction fell into disrepute due to doubts and conflicting data about its efficacy; its use was subsequently abandoned.

Now Diaz et al3 on behalf of the ECLA (Estudios Cardiológicos Latinoamérica) Collaborative Group were able to show a dramatic reduction of death rate of acute myocardial infarction from 11.5% in the control group to 6.7% in patients treated with GIK. This is the largest reduction of mortality by any intervention that has been tried.4

The results of the GIK study by the ECLA group are most exciting and have serious clinical implications. The GIK treatment costs less than $505 compared with over $10,000 for the current vogue of either thrombolytic treatment or catheter interventional therapy for acute myocardial infarction. In this era of managed health care, the economic impact will be tremendous.

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