



## Conference Newsletter - 2

Day-2, 12th January, 2008 (Saturday)

### Editor Board

Dr. Keyur Parikh  
(Conference Chairman)  
Dr. Joyal Shah

### Chair Scientific Committee

Dr. Milan Chag

### Contributors

#### CARDIOLOGISTS

Dr. Urmil Shah  
Dr. Hemang Baxi  
Dr. Anish Chandrana  
Dr. Ajay Naik  
Dr. Gunvant Patel  
Dr. Satya Gupta

#### CARDIAC SURGEONS

Dr. Anil Jain  
Dr. Srinivas Mallya  
Dr. Vishal Gupta  
Dr. Bharat Trivedi  
Dr. Dhiren Shah  
Dr. Rajan Modi

#### CARDIAC ANAESTHETISTS & INTENSIVISTS

Dr. Naman Shastri  
Dr. Chirag Mehta  
Dr. Kalpana Jain  
Dr. Niren Bhavsar  
Dr. Satish Patel  
Dr. (Mrs.) Urmi Shah

#### CARDIOLOGY FELLOWS

Dr. Mihir Tanna  
Dr. Ravi Singhvie  
Dr. Jayesh Bhanushali

## THE SOVEREIGNTY OF DIAGNOSIS

Dr. Keyur Parikh, the mentor of the conference did make an inspired beginning. His subject though apparently simple was extremely problematic and complex. It's not easy to weigh the value of the evidence as against judgment because what is really required is an intuitive harmonization of evidence with judgment.

Nobody can deny the sovereign importance of evidence in any scientific field but at the same time the evidence may not really reveal the secret, in spite of its objective reality. It is left to the doctor to unlock the secret of the problem by the practice of intuition, thoroughly

supported by intense and thorough clinical experiments throughout his medical career. Evidence does take a doctor far but, alas, not far enough. The aim of MASS II trial was to discover what helps a cardiologist the most. There were cases where the evidence reflected in the data given by the evidences was in direct confrontation with the judgmental opinion of the doctor, in the teeth of the evidence. It was found, not surprisingly, that if one went more by the evidence than by judgment the quantum of failure was as high as 30%. So even if both the matters are important, judgment seems to rule evidence.

### Don't Miss

**Release**  
**Dr. Keyur Parikh's**  
**Book 'Heart to Heart' today at**  
**12.00 Noon**  
**followed by**  
**Lunch**



## FOOD THAT IS NOT POISON

Dr. Milan Chag undertook the responsibility of tackling the most nagging problem of basically all the Indians in particular and the entire mankind in general.

What is the ideal food that one must take in order to escape heart problems. In India at present food has almost meant eating a lot of oil, ghee, butter and



having milk and cheese and similar dairy products. Oil and fats permeate everything that one eats. The problem is how much to eat what?

Even if, especially in the environment of Gujarat one may overlook the role of non-veg. food. Veg. food by itself in no guarantee of safety from the disease of the heart. The things we cherish most may trap us and cripple us. In a highly informative, educative, enlightening lecture on oil-ghee, he gave us a very heartening advice of what kind of discretion we must exercise in the choice of food. So that we are able to



enjoy our food & remain healthy at the same time.

He recommended the following table as a guiding principle in our food habit and relieved us from our own anxiety in matters of food.

- Less than 10 percent of calories from saturated fat.
- An average of 30 percent of calories or less from total fat.
- Less than 300 mg a day of dietary cholesterol.
- Other recommendations include:
  - 10 percent or less of total calories from polyunsaturated fat intake
  - 10 to 15 percent of total calories from monounsaturated fat
- Balance omega-3 and omega-6 fatty acid intake with a ratio of 1 part omega-3 to 4 parts omega-6 fatty acids

### Dr. Wijns on CT & Irradiation



Dr. William Wijns, in this excellent talk on current status of CT angiography highlighted the most enigmatic issue of radiation. There is 25 % increase in radiation world wide in last decade with advent of this new modality of diagnosis.

It does have, at present, limited indications in diagnosis coronary artery disease, especially those one which are instent and with excessive calcium load. Although it provides more information about plaque morphology & extent than do conventional angiography, it gives 1.5 times more radiation.

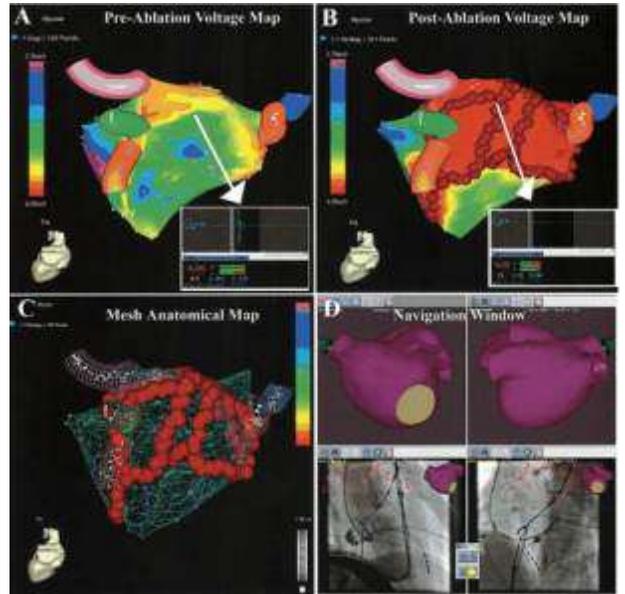


## Newer prospective on Heart Failure



Dr. Nakul Sinha and Dr. Ajay Naik will tackle in a way the same vexing problem of keeping the heart in fitness despite its handicaps. Dr. Sinha will discuss how a decompensated heart can be kept reasonably functional with the help of medicines while Dr. Ajay Naik would consider how technology can help in keeping the heart reasonably safe. Both ways, they would show, are fraught with consequences and some advantages. They would expose both the utility of the drugs and the machines and also their limitations. Dr. Naik will be speaking on 3-

Dimensional mapping of the cardiac chambers, Complex arrhythmias like AF, VT are ablatable due to 3-D mapping systems and on Robotic Magnetic Navigation, simplifying the steep learning curves in ablation procedures of complex cardiac arrhythmias.



## Miracle drug - Do they work ?



*Dr. Joyal Shah took up the most enigmatic problem of whether one can modify the congenital or genetic tendencies of the body even though we may succeed in controlling our habits of*

*eating, drinking, smoking etc.*

*The miracle drug Rimonabant promises to transform the human structure but possibly with highly dangerous occurrence of problems like depression. Some trials have shown that patients have taken fairly kindly to the medicines while others are let down. If successful, it is a dream drug; if not, it is a disaster worse than the heart disease, it self. In his talk about Rimonabant and trials : Rio phase III trials he highlighted how this drug is helpful in weight reduction, decreasing triglycerides, increasing HDL-C, and also not the least, its effects on adiponectin and CRP levels.*

*This drug though not approved by FDA for smoking cessation , it is approved for weight reduction .This drug works wonders and is much helpful for the dreaded metabolic syndrome.*

## The artist of the heart



Our understanding of heart failure has increased dramatically over the past two decades, but is still insufficient and inadequate.

Initially, heart failure was recognized as a dropsical condition with generalized fluid overload and edema. After a relationship was made between a congested state and myocardial circulatory failure, initial treatment approaches focused on rudimentary diuretics and mechanical drainage of fluid from the thoracic and abdominal cavities. "Foxglove" tea became an important agent for the relief of dropsy in the late 18th century. It is now known that the cardiac-glycoside component of digitalis purpurea extract was likely responsible for diuresis, but only in those patients experiencing volume overload with weak and irregular pulse.

A more sophisticated cardiac glycoside prescription occurred when heart failure

was defined as a "primary pump" inadequacy, a concept foreign to withering. Of course, realizing that the CHF syndrome was primarily a central circulatory pump problem, cardiac transplantation and mechanical circulatory assist devices and artificial hearts became a developmental target. The relationship between ventricular hypertrophy, hypertension, and heart failure emphasized the importance of treating these conditions early to prevent development of LV dysfunction and forestall progression to frank CHF.

Dr. Anil Jain who has specialized in the architecture of the heart would discuss how a distorted heart can be restored to shape. He has been successfully doing this rare surgery of reshaping the heart known as 'SVR' and he would certainly bring more hope to those who are threatened by dilating hearts.



**Don't Miss out Dr. Urmil Shah in Break Away Session on 13th January, 2008**

**Highlighting CAD and DM**

As we all know

- The incidence of Type 2 Diabetes is on the rise in India and accounts for 90-95% of all diagnosed diabetes cases
- Diabetes is the fifth cause of death worldwide. Over 170 million people suffer from diabetes in the world, and these numbers are expected to increase to 366 million by the year 2030
- In India currently 32 million people with Type 2 Diabetes and by the year 2030, this figure would increase nearly 80 million, which is almost 20% of world's diabetic population
- Type 2 Diabetes is associated with Macrovascular complication, CAD(Coronary Artery Disease) being commonest, 75% of all mortality in diabetic patients due to CAD



The session will cover the following :

- Design to provide a forum for sharing and exchanging information about ongoing development in diabetes Type 2 and its recent management
- This symposia will focus on close association of Diabetes and its Macrovascular complication and its impact on the diabetic patient and how to best manage according to current evidence-based treatment
- Discussion on metabolic syndrome pre-diabetes and prevention of Type 2 diabetes and emphasis on dietary management and Debate on it
- Newer development on antidiabetic drugs.
- Newer insulin delivery system and Role of Islet Cell Transplantation

# Boon for Babies

Exclusive interview with Dr Milan Chag, a man of few words but with extraordinary interventional skills in all fields of cardiology (As related to Dr Joyal Shah) Dr Chag wants to take pediatric cardiology to new heights. He and his team are the first to do device closures of ASD, VSD, PDA and have the greatest experience in balloon atrial septostomy and coarctoplasty in Gujarat.



**JS:** What is prevalence of congenital heart disease in India?

**MC:** It is 1% of all live births. That is, every year 200,000 children are born with CHD in our country.

**JS:** What is the impact of CHD on infant mortality rate ?

**MC:** CHD accounts for almost 20% of infant mortality rate. In half of these cases, parents never even get to know the problem.

**JS:** Of this enormous burden of 200,000 children with CHD being born every year, how many really get cardiac treatment ?

**MC:** It is a tragic situation in our country. Hardly 5000 get treatment because of lack of awareness, under – diagnosis or late diagnosis. The problem is magnified by the fact that more than 1/3rd of them need treatment, or even die in the first year.

That's why, early diagnosis is mandatory for safe management.

**JS:** It is a general belief that CHD is not treatable safely in Gujarat. Is it true?

**MC:** Absolutely not. Almost 60% of CHD are shunt lesions, 10-15% are stenotic lesions and about 10% belong to cyanotic disease like Tetralogy of Fallot. They all are easily correctable at very low and acceptable procedure related problems. Hardly 2-3% are really complex CHD which carry high mortality. Fortunately almost all cardiac surgeries except Arterial Switch, Senning or Norwood procedures are possible in Gujarat. Our cardiac surgeon Dr. Srinivas Mallya had extensive training at Green Lane Hospital, New Zealand which is one of the best centres in the world.

**JS:** Which are the conditions which can be corrected or where non-surgical, percutaneous techniques are useful?

**MC:** Percutaneous techniques have revolutionized the management of certain CHD. Shunt lesions like 80 % of Ostium Secundum ASD, certain Perimembranous VSDs, most of muscular VSDs and almost all PDAs can be closed non-surgically. Similarly interventions for stenotic lesions like AS, PS, Coarctation can safely be done percutaneously even during the neonatal period. Another life - saving procedure is Balloon Atrial septostomy – which is required as an emergency procedure during the neonatal period.

## Moments to Share



**Pre Registration for 3-C Con 2009 is open. Surprise Gift for those who register before April 2008**

## New Drug for Chronic Stable Angina



**Dr. Mihir Tanna** gave an interesting talk on how one can keep the anginal attacks a little further away than usual by the use of the new drug Ranolazine which enables the patient to put anginal threshold a little

away so that the sword of angina is not constantly hanging on him. Even if it may give some psychological relief it does not ensure freedom from angina at all.

### Ranolazine

- Is Indicated in patients who do not achieve adequate response with other anti-anginal drugs
- Anti-anginal and anti-ischemic effects independent of reductions in heart rate or blood pressure
- Reduces weekly anginal frequency and nitroglycerine use in combination with BB and CCB
- Increases exercise duration, delays anginal pain and ECG ischemia
- Most side effects are mild and not serious

Metabolic approach to treating ischemia may indeed offer new therapeutic option for CAD

## In the best books of Mammon



Dr. Keyur Parikh displayed another peak of his excellence by talking on a purely non-medical subject. How to be not only above need but to be permanently affluent. He had taken a page from one of the richest in the world, Mr. Warren Buffet. He showed how even an academic doctor with incomparable medical excellence can also be genuinely money-wise. The world might have seen his visible face as a master of angioplasty but he also revealed the other, largely unknown, as a master of finances. His tryst with stocks is a long-standing one, and he showed how the stocks can be conducive to sleep and not merely to restlessness, as it mostly happens to many a thoughtless trader.

## Don't Miss

**Break Away Session on  
13th January, 2008 on  
Diabetes**

**Late breaking trials and their clinical  
implications - Dr. H. B. Chandaliya and**

**Incretins - They are here to stay**

**- Dr. Subhash Wangnoo at Grand Bhagwati**

## Fat Composition of Various Oils and Fats

Type of Oil or Fat	Saturated	Monounsaturated	Polyunsaturated
Mustard Oil	1%	76%	23%
Canola Oil	6%	62%	32%
Almond Oil	8%	73%	19%
Hazelnut Oil	10%	76%	14%
Safflower Oil	10%	13%	77%
Sunflower Oil	11%	20%	69%
Grape Seed Oil	12%	17%	71%
Corn Oil	13%	25%	62%
Macadamia Nut Oil	14%	83%	3%
Olive Oil	14%	77%	9%
Sesame Oil	14%	40%	46%
Walnut Oil	14%	19%	67%
Soybean Oil	15%	24%	61%
Peanut Oil	18%	49%	33%
Avocado Oil	20%	70%	10%
Margarine (Soft)	20%	47%	33%
Wheat Germ Oil	20%	30%	50%
Cottonseed Oil	24%	26%	50%
Lard	41%	47%	12%
Palm Oil	52%	38%	10%
Cocoa Butter	62%	35%	3%
Butter	66%	30%	4%
Margarine (Hard)	80%	14%	16%
Palm Kernel Oil	86%	12%	2%
Coconut Oil	92%	6%	

### Dr. Milan Chag's Lecture on Oils & Fat



**The Heart Care Clinic**  
Care Cardiovascular Consultants