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Lifestyle intervention with integrated medicine in primary and secondary prevention for common cardiovascular disorders

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Background: Lifestyle intervention in primary healthcare consisting of exercise and education training, yoga, meditation in combination with diet counseling, primary and secondary prevention with integrated medicine (Allopathy plus alternative medicines).

Aim: The Observational study a 3-year outpatient Integrative Medicine program with focus on Integrated Medicine with life style intervention in patients with moderate to high risk for common cardiovascular disease and beneficial outcome of integrated approach.

Methods: A total of 204 middle-aged men and women, with Hypertension, dyslipidemia, type 2 Diabetes Mellitus, or obesity were enrolled. The usual care (routine allopath medicines) group A (n=108) and the integrated approach (allopathy plus alternative medicines) with life style interventional group B (n=96). For Group B- Behavior counseling, Education, Exercise: supervised endurance and yoga, meditation, circuit training, Diet in groups three times a week for three months with integrated holistic approach for regular 3 year follow up.

Results: Proposed lifestyle improved after year 3 in the IP group over UC. There were significant differences between groups, mean changes (and their 95% confidence intervals, CI) in waist circumference $p < 0.001$, in waist-hip ratio $p < 0.01$, decrease in HR ($p < 0.01$), systolic BP ($p < 0.01$) and diastolic BP ($p < 0.05$) blood cholesterol and sugar, HBA1C level. After 2 year follow up; ECG st-t changes in group A 20/108, group B 11/96 ($p < 0.03$), TMT positive with significant st-t changes in group A 17/108, group B 7/96 ($p < 0.07$), 2D Echo- LVH in group A 32/108, group B 12/96 ($p < 0.01$), LV Dysfunction in group A 9/108, group B 2/96 ($p < 0.07$) Unstable angina in Group A 14/108, group B 3/96 ($p < 0.07$) stable angina in group A 15/108, group B 6/96 ($p < 0.07$). Myocardial infarction in group A 10/108, group B 2/96 ($p < 0.03$). CHF in group A 10/108, group B 2/96 ($p < 0.03$). Atrial fibrillation in group-A 8/108, group B 2/96 ($p < 0.08$). Ventricular tachycardia in group A 4/108, group B 1/96 ($p < 0.23$). Death in group A 3/108, group B 1/96 ($p < 0.36$). Post MI-CHF in group A 3/108, group B 1/96 ($p < 0.36$). Post CABG-CHF in group A 2/108, group B 0/96 ($p = \text{inf.}$)

Conclusion: Regular 3-year follow-up improvements in cardiac autonomic function, quality of life, decrease stress, symptoms, decrease incidence of cardio-vascular events in the intervention group improve personality and Exercise Score, better reduction of heart rate, blood pressure, weight, BMI, waist circumference, Waist hip ratio, decrease cholesterol, sugar and HBA1c three to four time decrease incidence of CVD, Cardiac Arrhythmias and 33% reduction of cardiovascular mortality and congestive heart failure in integrated group as compare to usual group.

Biography

Sonal Tanwar is a Doctor at the Rajasthan University of Health Science, Jaipur, India. One of her most important publication is Lifestyle intervention with integrated medicine in primary and secondary prevention for common cardiovascular disorders.

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