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Effect of heart failure reversal treatment as add-on therapy in patients with chronic heart failure: A randomized, open-label study

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Objectives: The present study was designed to evaluate effect of heart failure reversal therapy (HFRT) using herbal procedure (Panchakarma) and allied therapies, as add-on to standard treatment (SCT) in chronic heart failure (CHF) patients.

Methods: This open-label, randomized study conducted in CHF patients (aged 25-65 years, ejection fraction between 30%-65% [inclusive]), had three phases: 1-week screening, 6-week treatment (randomized [1:1 ratio] to HFRT+SCT or SCT-alone) and follow-up (12-week). Twice weekly HFRT (60-75 minutes) consisting of *snehana* (external oleation), *swedana* (passive heat therapy), *hrudaydhara* (concoction dripping treatment) and *basti* (enema) was administered. Primary endpoints included evaluation of change in metabolic equivalents of task (MET) and peak oxygen uptake (VO_{2peak}) from baseline, at end of 6-week treatment and follow-up at week-18 (non-parametric rank ANCOVA analysis). Safety was assessed.

Results: Total 70 CHF patients (mean [SD] age: 53.0 [8.6], 80% men) were enrolled in the study; 35 randomized to each treatment arm. All patients completed treatment phase. Add-on HFRT caused a significant increase in METs (least square mean difference [LSMD], 6-week: 1.536, $p=0.0002$; 18-week: -1.254, $p=0.0089$) and VO_{2peak} (LSMD, 6-week: -5.52, $p=0.0002$; 18-week: -4.517, $p=0.0089$) as compared with SCT alone. Results were suggestive of improved functional capacity in patients receiving add-on HFRT. Total 7 treatment-emergent adverse events were reported in HFRT arm; all mild severity.

Conclusion: Findings of the present study highlight therapeutic efficacy of add-on HFRT as compared with SCT-alone in CHF patients. The non-invasive HFRT showed no safety concerns.

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Critical challenges of economic and social issues in promoting dietary change and positive food choices for poor people with low income who experience cardiovascular disease in Pakistan

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This qualitative research study was to understand the effects of various factors that inform Pakistani people of low SES in making decisions on food choices after diagnosis with CVD. Research Questions: (a) What are the factors that inform Pakistani people of low SES in making decisions on food choices after diagnosis with CVD? (b) What are the factors that promote the consumption of healthy diets in people of low SES who have CVD? (c) What factors inhibit people of low SES who have CVD from consuming healthy diets? 24 participants were selected from two cardiac centers in Karachi, Pakistan. Seven (7) major themes are (a) the meaning of food and healthy diet: A social dimension; (b) poverty and a healthy diet: Not a matter of choice, simply to satisfy hunger; (c) Health promotion is a political issue: Survival is difficult because of political unrest in Karachi (c) hope for recovery and family support: Motivation for dietary change; (d) Family support and family relationships affect diet change (e) self-control and self-determination: Choosing between taste and health; and (f) culture and family values promote or hinder dietary change. The participants' data reveals that food choices do not simply mean the consumptions of healthy items; it means communication, socialization, expressing culture, reflects family and religious values. The challenge lies in identifying and resolving the underlying structures and mechanisms that shape behavior change.

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