Special Supplement on CARDIOLOGY

Editorial

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Cardiology : The Emerging Perspective

Cardiology has come a long way since the days of our residency when Lasix, Lanoxin, oxygen and nitrates was the only drugs available to permuteor combine with and watchful expectancy of a recovery were the only option. Thereafter each decade has been revolutionised by advent of major epoch making drugs that has changed the horizon of pharmacotherapy in Cardiology leading to significant mortality benefits over and above immense relief from morbidity. The latest addition of Valsartan Sacubitril and PCSK9 inhibitors are to mention only a few. The same period has been blessed with advent and progress of interventions, both in coronary and structural heart disease again changing the concepts and outlook as to how Cardiac patients are to be treated.

However all said and one stumbling block has been penetration and percolation of these advancements to grass root level in the global society. We agree that all new therapies initially start with a price only to de-escalate, so that the benefit reaches the middle and lowerrung . However with all these, the penetration still remains abysmally low; and this is not a national phenomena but international. Therefore what should be the real approach to lessenthe disease burden in the society? Yes the old adage is self explanatory –"A stitch in time saves nine". So it is prevention that should take centre stage .

But the question comes "Are we really prepared "? In our opinion it is a "No".The reason is very simple – what mind doesn't know eyes doesn't see. Do we really have much data on even simple aspects like Lipid characteristics of Indians ? What should be the actual statin or fibrate dose for us? Is fibrate at all important in our subset of population ?Are our heart failure patients more resistant to ventricular arrhythmia than our western counterpart ? Questions galore but answer is in the negative as we are still really deficient in terms our own epidemiological data. Of course some laudable work has started. The CRRIS data, a segment of which is published in this edition, is one of its kind. ACS Registry from Kerala is again a unique database. Cardiological Society of India (CSI) is about to embark on ambitious ACS and ADHF Registry in four states of Eastern India. So the efforts have started . We hope this to flourish and we should nourish these work through our journals rather than extrapolating the data from the west and feel proud at learning it by heart. Once we have more data the preventive efforts that have already started with Cardiological Society of India leading from the front and playing a pioneering role in persuading government in particular and intelligentsia in general to promote prevention, will then be really complemented.