

# Coronary Heart Disease

## Frequently asked Questions

### **Q.1: When should one go for angiography and angioplasty or by-pass surgery?**

**A:** Recent research shows that in a large majority of patients with chronic angina and normal ejection fraction of the left ventricle, conservative medical management is all that is required. Bypass surgery or stenting is unlikely to prolong survival in this situation. Angioplasty or by-pass surgery may prove to be beneficial to the patient of incapacitating angina and diminished left ventricular ejection fraction. Even for such patients, if they want to avoid surgery or stenting for some reason, intensive medical management including lipid-lowering medications like Atorvastatin. (To lower LDL cholesterol to less than 70 mg/dl), in-depth stress management by practice of Shavasana and Meditation and other risk factor modification will help.

### **Q.2: I get angina pains and I am afraid it may result in a fatal heart attack. What is chronic angina and what is unstable angina?**

**A :** Chronic angina is an experience of discomfort and pain in the chest, which comes with predictable exertion like walking with a particular pace, walking immediately after heavy meals, climbing high stairs or during a burst of anger. Chronic angina is typically relieved by rest. In a large majority of patients with chronic angina and normal ejection fraction of the left ventricle, conservative medical management is all that is required. Chronic angina rarely leads to a fatal outcome. As long as the frequency and duration of angina is stable, there is no need to be alarmed. Chronic stable angina is frequently associated with establishment of collateral circulation. One should not fear death or heart attack with every episode of stable angina. Fear leads to the narrowing of coronary arteries and an increase in the viscosity of blood which may aggravate angina. Regular practice of Shavasana and Meditation helps to overcome the fear of death.

Unstable angina is an angina, which comes during rest or with minimal exertion and is not always relieved by rest. Changing patterns of angina i.e. angina becoming more frequent, with lesser exertion etc. is also a sign of unstable angina. Although sublingual nitroglycerine may relieve angina it is only partial relief; or the angina occurs again compelling further use of sublingual nitrate. Such an episode of angina calls for immediate medical or surgical intervention to prevent heart attack.

### **Q.3: Is angiography necessary to diagnose coronary heart disease?**

**A:** A carefully taken history, ECG, exercise treadmill test and at times 2D ECHO are enough to diagnose that the patient has diminished coronary circulation because of narrowing of the coronary arteries due to atherosclerosis.

Coronary angiography is usually advised only when the clinical condition of the patient is such that he requires intervention by angioplasty or bypass surgery.

### **Q.4: Is it true that a heart attack is likely to occur any moment if coronary artery is more than 70% blocked?**

**A:** It is important to realize that a severe heart attack does not occur commonly because of an artery which is already more than 70% blocked. The heart attack occurs more frequently in the artery which is less than 60% blocked. This may be explained to some extent by the fact that there are many areas of the arteries which have less than 60% blockage compared to areas with more than 70% blockage. When a heart attack occurs, the affected artery gets 100% blocked. Many times even if the artery gets 100% blocked, it happens slowly enough so that there is chance to develop collateral circulation and hence there is no heart attack. Once the artery is already 100% blocked, there is no risk of heart attack happening from that artery. On a routine check up even if all the three arteries are severely blocked and the ejection fraction of the left ventricle is normal, then mostly medical management with risk factor modification may be sufficient. The fact that the ejection fraction is normal in spite of blockages in arteries shows that

there is sufficient collateral circulation available to the heart muscle. In other words, natural bypass may have already taken place.

**Q.5: There is a common belief that blockages in the arteries cannot be reversed. Is the reversal of blockages at all possible?**

**A:** Life-style changes and treatment of high cholesterol by appropriate treatment with a lipid lowering agent. aiming to bring the LDL cholesterol below 70mgm will halt the progress of narrowing of the arteries due to atherosclerosis and will result in reversal of blockages. Heavily calcified blockages are slow to reverse. However, most blockages get naturally bypassed through collateral circulation. Regular moderate exercise, maintenance of normal weight, normal BP, normal postprandial blood sugar will increase collateral circulation.

**Q.6: What type of symptoms should prompt one to seek immediate medical help to prevent a Heart Attack?**

**A:** If you experience discomfort in the chest, like a feeling of tightness or severe pain, which may or may not radiate to either of the arms, with or without a choking sensation in the throat or any unusual feeling of distress in the chest, you should immediately call for an ambulance to get your pain evaluated in a nearby hospital. This is important if you are prone to coronary heart disease because of strong family history, high blood pressure, diabetes, high cholesterol or a habit of smoking. If the pain is diagnosed as acute myocardial infarction (heart attack) or unstable angina, then angiography followed by angioplasty or bypass surgery is necessary. One 325 mg tablet of Aspirin (to be avoided if there is known allergy to aspirin) dissolved in water should be taken immediately. Four to eight pills of 75 mg of Clopidogrel may be taken with a glass of water and a Sorbitrate can be taken under the tongue if there is delay in getting emergent medical help.

**Q.7: Very often there is difference of opinion regarding management of CAD. One doctor advises conservative approach and the other advises intervention. This causes great confusion. What would you suggest to solve this problem?**

**A:** As the last word is not yet written regarding the treatment of coronary artery disease, such difference of opinions may occur. More than one opinion is helpful and is encouraged in many situations.

Unbiased opinion from a clinical cardiologist may be helpful to resolve the confusion. The whole issue is very complex. A decision for or against intervention depends upon a variety of factors and circumstances.

**Q.8: What is the proper diet for patients of coronary heart disease?**

**A:** In an average Indian diet, the fat content is about 30 - 40% of the total calories. Recommended fat intake for a heart disease patient is less than 10%. The diet recommended is purely vegetarian. It should be rich in complex carbohydrates and vegetable proteins, like grains, pulses, lentils, fresh green vegetables and season's fruits. However, intake of simple carbohydrates and excessive use of salt should be limited. Simple carbohydrates include refined sugar, jaggery, polished rice, preparations of rice (puffed rice, and poha), soft drinks, fruit juices, honey and sugarcane juice.

**Q.9: What would you suggest to tackle the problem of obesity?**

**A:** Obesity is on the increase worldwide. It is a complex multifactorial disease of appetite regulation and energy metabolism. Hence losing weight is not simple. A diet with too much fat is at the root of this problem. The body needs only four to six per cent of the total calories intake as fat, whereas most people consume 35 to 40 percent of total calories as fat. Vegetarians use too much oil in their diet. Consumption of sweets, ice cream, chocolates, cookies, soft drinks etc. has increased significantly as a part of modern life style. All these contain too many simple carbohydrates in the form of sugar which is an important factor in causing excess weight.

Sedentary life, hypothyroidism, corticosteroids, antidepressant medications and heredity are also major causes of excess weight. The use of excessive salt in a diet tends to cause water retention in the body. Hence, it is difficult for lovers of salt to lose weight.

Isolation also plays an important role in the cause of obesity. People try to fill their inner emptiness by overeating. Meditation calms down your body and mind to such an extent that you discover why you overeat. Prolonged rhythmic light exercise provides an opportunity for the body to burn fat as fuel. Research has further shown that regular light exercise reduces hunger.

While counseling a person with gross obesity, one should have adequate patience and compassion. It should be explained that even a small reduction in weight leads to a large benefit in health.

**Q.10: What are the essential components of Universal Healing Program?**

**A:** The program consists of: • Diet counseling • Moderate exercise like walking on a level surface for 30 to 40 minutes • Stretching and relaxation exercises leading to progressive deep relaxation, i.e. Shavasana. • Meditation and visual imagery. • Group discussion with an emphasis on the sharing of feelings.

**Q.11: Is Universal Healing Program an alternative to modern medical therapy of coronary artery disease?**

**A:** No. It does not replace modern medical therapy. It complements the mainstream approach and enhances the benefits of medications and interventions. It helps to achieve risk factor modification and life style changes essential for better long-term outcome in patients with coronary artery disease. In other words, it helps patients needing conservative as well as invasive treatment.

**Q.12: What made you introduce UHP in your practice?**

**A:** While treating coronary heart disease patients and advising them to make lifestyle changes, like giving up smoking, giving up excessive use of alcohol, and losing weight, we felt that patients change their lifestyle out of fear of the disease, whereas practice of Universal Healing Program empowers them to change their lifestyle without a sense of deprivation and reduces the fear of disease; All studies related to coronary heart disease done to date have shown conclusively that beta-blockers which reduce sympathetic activity are helpful in preventing heart attack. Beta-blockers only partially neutralize the harmful effects of increased mental & physical stress. UHP appears to be a beta-blocker par excellence. It helps to control all the harmful effects of stress and helps the therapeutic measures to prevent plaque rupture and plaque stabilization. It heals isolation, reduces hostility, self-centeredness and cynicism -- proven toxins to the heart and body as a whole. The program provides a successful cost-effective integral approach to management of coronary heart disease.

**Q.13: In what way does the practice of Shavasana and Meditation help the coronary heart disease patient?**

**A:** Regular practice of Shavasana and Meditation helps the patient to experience his SOUL FORCE by quieting the activities of mind and body. The SOUL FORCE is common to all living creatures. This experience increases the inner strength of individual to change his lifestyle and face the stresses of life with equanimity.

**Q 14: What will be your advice for healthy long life?**

**A:** Nutritious diet, pure drinking water, sunlight, and moderate exercises are important for our health. However equally important, or perhaps more vital, is to have the feeling of harmony in our heart. Harmony is the quality of Soul, which is the Source of our existence common to all of us. It is natural that harmony is disturbed very often during our life. Our health depends upon how soon we establish the feeling of harmony once again. Practice of Shavasana and Meditation by relaxing the body and calming the mind makes one experience the inner oneness of our existence and thus helps to reestablish harmony.

**Q.15: What in your opinion is crucial in bringing about a successful outcome in treatment of coronary heart disease?**

**A:** Three conditions vital to the curing of any disease are: 1. The doctor's faith in himself to cure his patient.

2. The patient's faith in his doctor that he will cure him.
3. The doctor's Karma - his skill and its application with love. The doctor's only source of income is the patient. However when he examines the patient, he should not see him only as a source of income. If he listens to the patient with empathy, treatment becomes more effective.

**Q.16: What are the guidelines for prevention of heart attack?**

**A:** Maintain normal weight. Follow regular moderate exercise like walking on a level surface for 40 minutes daily or at least 5 times in a week. Avoid tobacco in any form. Avoid unaccustomed heavy exertion immediately after meals. Keep blood pressure below 130 / 80, blood sugar 2 hours after meals below 140 mg, total cholesterol below 150 mg, HDL cholesterol above 45 mg and LDL cholesterol below 70 mg and triglycerides below 140 mg. People with a strong family history of coronary heart disease should have a ratio of total cholesterol to HDL below 4 and a ratio of LDL to HDL below 2. Regular practice of Shavasana and Meditation is a proven antidote for the harmful effects of physical and mental stress.

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**Books authored by Dr. Ramesh Kapadia**

Publishers: Navajivan Trust: • Primer of Universal Healing • Wealth of Food - Health of Heart • Heart Disease - A New Direction • Heart Disease - Science & Spirituality • Spinning One's Own Health • Heart to Heart • Prevention of Heart Attack • Shavasana - Key to Health and Bliss

Publishers: R. R. Sheth & Co.: Swasthya Sudha in Gujarati and Hindi \* Health & Harmony \* Niramay Dirghayu \* Total Health