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Case report

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A case report on management of dilated cardiomyopathy

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ABSTRACT

Dilated cardiomyopathy is a progressive disease of heart muscle that is characterized by ventricular chamber enlargement and contractile dysfunction. The right ventricle may also be dilated and dysfunctional. Dilated cardiomyopathy is the third most common cause of heart failure and the most frequent reason for heart transplantation. It is a condition in which the heart's ability to pump blood is decreased because the heart's main pumping chamber, the left ventricle, is enlarged and weakened. In some cases, it prevents the heart from relaxing and filling with blood as it should. Over time, it can affect the other heart chambers.

A 58 years old male patient. He was a known case of chronic heart disease (CHD) with severe left ventricular (LV) dysfunction with 28% ejection fraction. He is a known case of Coronary Artery Disease (CAD) with an old Anterior Myocardial Infarction (MI) with Coronary Artery Graft (CAG) done for – Double Vessel Disease (S/P STK- on 26 May 2013). He got admitted in Cardio-Thoracic department of Yashoda Hospital, Hyderabad, with complaints of breathlessness, giddiness and mild bilateral pedal edema (upto lower 1/3rd of leg) on 1 Dec 2013. He had Acute Chronic Kidney Disease (CKD) for which he was on Dialysis. He presented with severe Hyperkalemia (K^+ 8.4 mmol/l) and his serum creatinine was 3.0 mg/dl on admission. His X-Ray chest PA view done on 5 Dec 2013 revealed pleural effusion on right side of lungs. Patient complained of left ear tinnitus for which ENT consultation was also taken. This patient's son a general surgeon came for a help that his father is waiting for heart transplantation. As a cadaver heart is not available and also on dialysis his general condition is grave. At this juncture he wanted to try Dr. Appa Rao's medicine as an adjuvant. He has used three doses in alternate days and found remarkable recovery they came home. Even though they got a heart for transplant they dropped the idea of that. This patient is only on Dr. Appa Rao's treatment and dialysis and lived comfortably. He was investigated several times for his heart his heart efficiency was found improved to a level to compensate the demand of his day to day needs. Thus Dr. Rao's Immunotherapy may have a good role in treating Dilated Cardiomyopathies.

Keywords: Dilated Cardiomyopathy, Immuno therapy.

INTRODUCTION

Dilated cardiomyopathy (DCM) is a condition in which the heart's ability to pump blood is decreased because the heart's main pumping chamber, the left ventricle, is enlarged and weakened. In some cases, it prevents the heart from relaxing and filling with blood as it should. Over time, it can affect the other heart chambers.

Many people with dilated cardiomyopathy have no symptoms or only minor symptoms, and live a normal life. Other people develop symptoms, which may progress and worsen as heart function worsens.

Symptoms of DCM can occur at any age and may include: Heart failure symptoms (shortness of breath and fatigue). Swelling of the lower extremities. Fatigue (feeling overly tired). Weight gain. Fainting (caused by conditions such as irregular heart rhythms, abnormal responses of the blood vessels during exercise, or no cause may be found). Palpitations (fluttering in the chest due to abnormal heart rhythms). Dizziness or light headedness. Blood clots can form in the dilated left ventricle as a result of pooling of the blood. If a blood clot breaks off, it can lodge in an artery and disrupt blood flow to the brain, causing stroke. A clot can also block blood flow to the organs in the abdomen or legs. Chest pain or pressure. Sudden death. Heart Failure Therapy May Benefit Women More Than Men.

On physical examination, look for signs of heart failure and volume overload. Assess vital signs with specific attention to the following: Tachypnea, Tachycardia, Hypertension or hypotension
Causes :DCM can be inherited, but it is primarily caused by a variety of other factors, including: Severe coronary artery disease, Alcoholism, Thyroid disease, Diabetes, Viral infections of the heart, Heart valve abnormalities, Drugs that are toxic (or cause damage) to the heart, It can also occur in women after childbirth (postpartum cardiomyopathy).

Treatment of dilated cardiomyopathy is essentially the same as treatment of chronic heart failure (CHF). Some therapeutic interventions treat symptoms, whereas others treat factors that affect survival.

Drug classes used include the following:

Angiotensin-converting enzyme (ACE) inhibitors, Angiotensin II receptor blockers (ARBs), Beta-blockers, Aldosterone antagonists, Cardiac glycosides, Diuretics, Vasodilators, Antiarrhythmics Human B-type natriuretic peptide,

Inotropic agents, Nephilysin inhibitor, Nitrates, Anticoagulants may be used in selected patients.

Surgical options for patients with disease refractory to medical therapy include the following: Temporary mechanical circulatory support, Left ventricular assist devices, Cardiac resynchronization therapy (biventricular pacing), Automatic implantable cardioverter-defibrillators, Ventricular restoration surgery, Heart transplantation

CASE PRESENTATION

A 58 years old male patient. He was a known case of chronic heart disease (CHD) with severe left ventricular (LV) dysfunction with 28% ejection fraction. He is a known case of Coronary Artery Disease (CAD) with an old Anterior Myocardial Infarction (MI) with Coronary Artery Graft (CAG) done for – Double Vessel Disease (S/P STK- on 26 May 2013). He got admitted in Cardio-Thoracic department of Yashoda Hospital, Hyderabad, with complaints of breathlessness, giddiness and mild bilateral pedal edema (upto lower 1/3rd of leg) on 1 Dec 2013. He had Acute Chronic Kidney Disease (CKD) for which he was on Dialysis. He presented with severe Hyperkalemia (K^+ 8.4 mmol/l) and his serum creatinine was 3.0 mg/dl on admission. His X-Ray chest PA view done on 5 Dec 2013 revealed pleural effusion on right side of lungs. Patient complained of left ear tinnitus for which ENT consultation was also taken. This patient's son a general surgeon came for a help that his father is waiting for heart transplantation. As a cadaver heart is not available and also on dialysis his general condition is grave. At this juncture he wanted to try Dr. Appa Rao's medicine as an adjuvant. He has used three doses in alternate days and found remarkable recovery they came home. Even though they got a heart for transplant they dropped the idea of that. This patient is only on Dr. Appa Rao's treatment and dialysis and lived comfortably. He was investigated several times for his heart his heart efficiency was found improved to a level to compensate the demand of his day to day needs. Thus Dr. Rao's Immunotherapy may have a good role in treating Dilated Cardiomyopathies.

DISCUSSION

Dilated cardiomyopathy is a progressive disease of heart muscle that is characterized by ventricular chamber enlargement and contractile dysfunction. The right ventricle may also be dilated and dysfunctional. Dilated cardiomyopathy is the third most common cause of heart failure and the most frequent reason for heart transplantation. In some cases, it prevents the heart from relaxing and filling with blood as it should. Over time, it can affect the other heart chambers. Various newer therapies are still under study. The protocol designed by Dr. Appa Rao is beneficial to many.

CONCLUSION

A 58 years old male patient. He was a known case of chronic heart disease (CHD) with severe left ventricular (LV) dysfunction with 28% ejection fraction. He is a known case of Coronary Artery Disease (CAD) with an old Anterior Myocardial Infarction (MI) with Coronary Artery Graft (CAG) done for – Double Vessel Disease (S/P STK- on 26 May 2013).He got admitted in Cardio-Thoracic department of Yashoda Hospital, Hyderabad, with complaints of breathlessness, giddiness and mild bilateral pedal edema (upto lower 1/3rd of leg) on 1 Dec 2013.He had Acute Chronic Kidney Disease (CKD) for which he was on Dialysis. He presented with severe Hyperkalemia (K^+ 8.4 mmol/l) and his serum creatinine was 3.0 mg/dl on admission. His

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Treatment schedule and follow-up

Injection Human normal immunoglobulin (12 mg) and histamine dihydrochloride (0.15 mcg) Belongs to any manufacturer, 2 vials once in 3days 3 doses , followed by 2 vials once in a week like that 8 weeks, Aceclofenac 100mg BD for one month, Prednisilone taperd from others and maintained 5 mg per day, Ranitidine 150 mg per day in the morning, Tomato, Banana fruit, Prawns and milk were restricted in nutrition.

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