



No.4/77, Thanthai Periyar Street,  
ECR, Neelankarai, Chennai – 600041.

### **Vaso Meditech Pvt Ltd**

Phone : 044-24492946

Fax : 044-24490161

Mobile : 09003078181

Email Id : [dr.rams@vasomeditech.com](mailto:dr.rams@vasomeditech.com), [samjip@gmail.com](mailto:samjip@gmail.com)

Website: [www.vasomeditech.com](http://www.vasomeditech.com), [www.healurheart.com](http://www.healurheart.com)

## **EECP ORAL PRESENTATION DONE ON 30<sup>TH</sup> OCT 2015 IN BEIJING 26<sup>TH</sup> GREAT WALL INTERNATIONAL CONGRESS OF CARDIOLOGY**

EECP paper was presented in China Beijing on the 26th Great wall International congress of cardiology meeting held on 30th October 2015. The meeting was attended by cardiologist from 5 continents. Dr.S.Ramasamy EECP consultant and expert was invited as a guest speaker and faculty to present the paper on “ Is the benefit of Enhanced External Counter Pulsation In Patient with Moderate Left Ventricular Dysfunction Independent of Diabetes?”



### ***Dr.S.Ramasamy Presenting EECP Paper in 26<sup>th</sup> Great Wall International Cardiology Congress***

The study was done by Heart healing and rejuvenation centre with ChettinadAcademy of Research and Education. The study shows EECP improves heart failure symptoms, exercise tolerance and ejection fraction in patient with severe LV dysfunction and this effect was equally seen in both diabetes and non diabetes. Traditionally diabetes response to any treatment is comparatively lesser when compared to non diabetic patients. EECP treatment has shown its effect is similar in both groups.



## GW26-e2947 Is The Benefits Of Enhanced External Counter Pulsation In Patient With Moderate Left Ventricular Dysfunction Independent of Diabetes? FREE

Ramasamy Subramanian<sup>1</sup>; N. Sivakadaksham<sup>1</sup>; Pradeep G. Nayar<sup>2</sup>; K. Sivaram Kumar<sup>1</sup>

[\[+\] Author Information](#)

*J Am Coll Cardiol.* 2015;66(16\_S):. doi:10.1016/j.jacc.2015.06.545

Article

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### Objectives

[Objectives](#) | [Methods](#) | [Results](#) | [Conclusions](#)

Enhanced External Counter Pulsation (EECP) is a non-invasive treatment option for selected patients with refractory angina and heart failure. The effectiveness of EECP in improving myocardial function in diabetic patients when compared to non diabetic is unknown. We tested the hypothesis whether the effect of EECP in Left ventricular function is independent of diabetic status.

### Methods

[Objectives](#) | [Methods](#) | [Results](#) | [Conclusions](#)

We investigate the effect of EECP in a group of 63 consecutive patients with left ventricular dysfunction (EF $\leq$ 40%). They are divided in to Diabetes (DM, 36) and Non-Diabetic (NDM, 27) groups, Functional classification and Echocardiography by simpson rule was done pre and post 35 hours of EECP treatment.

### Results

[Objectives](#) | [Methods](#) | [Results](#) | [Conclusions](#)

There is no significant difference between Diabetes Mellitus (DM) and NDM in Patients mean age (61.333 $\pm$  10.62 Vs 59.89  $\pm$  10.03 years, P= NS), HT 56% Vs 56% (P= NS), previous history of CABG (39% Vs 41%, P= NS) and PTCA (19% Vs 26%, P= NS). However NDM has significantly higher incidence of Myocardial infarction. (41% Vs 77%, P<0.0001)

The improvement of parameters when compared pre and post EECP between DM vs. NDM, NYHA class improvement ( 2.7 $\pm$ 0.6 to 1.1  $\pm$  0.8 ) P<0.001 Vs ( 2.9 $\pm$ 0.7 to 1.3  $\pm$  0.8) P < 0.001, Ejection fraction in % (29.8 $\pm$ 7.9 to 36.2 $\pm$ 8.6) P< 0.001 Vs ( 29.9 $\pm$ 8.5 to 35.9 $\pm$  10.5) P < 0.001, cardiac output in ml/min (3.1  $\pm$  0.7 to 3.9 $\pm$ 1.0) P < 0.001 Vs ( 3.3 $\pm$ 0.7 to 4.1  $\pm$  0.7) P< 0.001 and stroke volume in ml (48.3 $\pm$ 18.9 to 54.8 $\pm$ 17.7) P< 0.05 Vs (46.7  $\pm$  16.4 to 55.7 $\pm$ 16.8) P < 0.001. All parameters show significant improvement when compared with pre and post EECP in both the groups but there is no significant difference in improvement between DM and NDM.

### Conclusions

[Objectives](#) | [Methods](#) | [Results](#) | [Conclusions](#)

EECP treatment significantly reduces NYHA functional class, increase ejection fraction, cardiac output and stroke volume in both diabetes and non diabetes patients with refractory angina and Left ventricular dysfunction similarly. The effect of EECP seems to be independent on the status of diabetes.

Professor Dr.Pradeep G.Nayar Dept of Cardiology, Chettinad Academy of Research and Education co investigator in this research pointed out the improvement in ejection fraction and exercise tolerance in this ischemic cardiomyopathy patients will improve their quality of life and can decrease their chance of re hospitalisation and request visit to emergency room due to shortness of breath. He also said that their group will be writing a review article on EECP effects in vascular function.

<b>Main Office :</b> No: 4/77 Thanthai Periyar Street, ECR , Neelangarai, Chennai-600041. Phone : +9144-24492946 Fax : +9144-24490161 Mobile: +91-9003078181.	<b>EECP &amp; SphygmoCor Training Center :</b> Heart Healing and Rejuvenation Centre No: 25, Balaji Nagar, 2 <sup>nd</sup> street, Royapettah. Chennai-600014 Phone : +9144-45516181 Fax : +9144-24490161
<b>Branch Office : (Western India)</b> Shikha Anil Agarwal, 8,Abhay Apartment, Narayan Nagar Road, Bhayandar (W), Thane-401101 Mumbai, Maharashtra Email : <a href="mailto:shikha@vasomeditech.com">shikha@vasomeditech.com</a> Mobile : 820392776/9820692776/9820892776	<b>Branch Office : (Northern India )</b> 305, Sachdeva Corporate Towers 17, Community center Karkardooma Delhi-92 Tel # +91-11-40670344 Mobile # +919910160125
Clinical & Technical Support : <a href="mailto:dr.rams@vasomeditech.com">dr.rams@vasomeditech.com</a> Service Support : <a href="mailto:service@vasomeditech.com">service@vasomeditech.com</a> Sales Support : <a href="mailto:sales@vasomeditech.com">sales@vasomeditech.com</a> General Information : <a href="mailto:info@vasomeditech.com">info@vasomeditech.com</a> Web Site Support : <a href="http://www.vasomeditech.com">www.vasomeditech.com</a> , <a href="http://www.healurheart.com">www.healurheart.com</a>	

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