

About A Newer Non-Invasive Technique for Managing Coronary Compromise



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Editorial

There comes a time and a need for change, and change, they say, is a way of life. We may have to move beyond palliation, and maybe try for a cure. There was a time that for unstable angina or myocardial infarct, all one could do was to provide rest, oxygen, morphine, sorbitrates, nitrates, aspirin, and make sure that there was no extra strain during passage of stools. Then came along the clot busters or thrombolytics. Now we have stenting, angioplasty, bypass surgery, and heart transplant surgery. Today if there is a patient with chest pain, where every other differential diagnosis has been ruled out, then we will have the choice of going in for coronary angiography. If this invasive procedure of coronary angiography is performed, the possibility is that all the coronary arteries or its branches will not be found 100 percent patent. Depending on the age, other coincidental, precipitating, aggravating factors, condition of heart, its output, nature of work, other associated conditions, etc, the next course of action will be decided.

Of the two choices available, one would be to intervene by placing stents, or by ballooning, or by CABG, etc. The other choice would be to do nothing more and just reassure the patient, but then would such a patient ever be feeling completely reassured. It probably is a matter of research, finding the persistent level of anxiety and stress when no intervention has been executed, and if say his coronary blocks are just about 50 or 60 percent or so? What if on the other hand the "BKN Technique" is tried out, if there is a clinical possibility of unstable angina or myocardial compromise (but only after thorough global research). As we have stated elsewhere as well, this technique is a non-invasive measure, and has the potentials to restore back the coronary patency and thus the oxygenated blood flow to the compromised myocardium [1]. What more, it can also provide respite from coronary micro vascular disease (MVD), also called variably

as 'Cardiac Syndrome X' and 'Non obstructive coronary heart disease', which doesn't have a effective treatment as yet [2].

We had never approached any of these innovations as a contemplated and planned research, and have no compiled data as such. Because of urgency and non-availability of diagnostic tools like angiocardiology or echocardiography, we have carried out this technique in the form of a blind procedure, with only the patients' words, physical relief obtained, and clinical assessments to go by. Some of the early results of "BKN Technique" have been good (Figure 1). More details of this technique, and of its modifications, are mentioned elsewhere [3,4]. As an example, there is this patient who had undergone triple artery coronary bypass grafting (CABG), and the left ventricular ejection fraction (LVEF) was just about 35 percent after two years of triple vessel CABG surgery. With this poor LVEF this patient could barely perform his daily chores, with great difficulty and inconvenience.

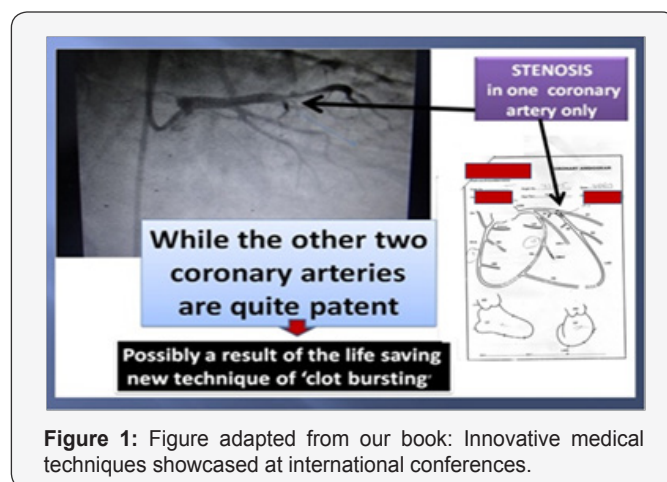


Figure 1: Figure adapted from our book: Innovative medical techniques showcased at international conferences.

Here too the 'BKN Technique' was able to provide nearly an instant gratification, and after 10 days his LVEF that was until then lingering at a low of 35 percent or so, had increased to 55 percent, allowing him to restart leading a normal life one again. Plus the additional benefits were that he has stopped taking all medicines, as there was no requirement as such, and has remained asymptomatic for the last three years. Simultaneously, with the help of another non-invasive medical technique, the "Kalhore Technique", he has also been off from the anti-hypertensive that he was until then taking regularly for the past five years for his high blood pressure. "Kalhore Technique" has worked very well on him, his blood pressure has remained well within the normal range without the requirement of any medicines [5].

It is not that the "BKN Technique" is the final word, or is well primed and well researched to be absolutely free from adverse effects or failures. It will need much more global research and comparisons, and not unless the results can be calibrated and comparisons made with other procedures and methods that are currently in vogue. The reason of bringing out this technique at one of the international medical conference of WONCA in 2015, and following it up with describing in more details in two medical books (that also describe many other innovative medical techniques for the whole world), was to give a glimpse of the newer accidental innovations that could be helpful to the world. It is now for the world, and the patients, patient groups, policy makers and the medical and scientific fraternity to proceed the way they would want. Frankly, this technique had come up as an innovation for those patients at far flung places, where there are no other medical facilities except some basic facilities and with no big choices of medicines. This and most other innovative medical techniques that we have described came about when the prime author had to help patients with whatever was available, and try as best to save life and further deterioration during his remote area postings. This innovative non-invasive technique was a lucky breakthrough.

Having witnessed some good results, we feel that this technique must be brought forward for the knowledge of the world, so that some interest can be generated that could possibly allow detailed multi-centric collaborative research, for which we are available. But at our own it is all that we could do from our own individual resources coming from a humble pension that is taxed as well, and without any help, encouragement, motivation, etc, from anyone or from governmental or non-governmental organizations, etc. We are of the view that more research would be necessary. But proper backup will also be necessary so that appropriate measures can be undertaken should this procedure fail, or if some untoward effects develop (Figure 2). We are almost positive, having witnessed some results, that this "BKN Technique" may be adapted into practice as a prophylaxis measure in not only the geriatric patients, but in normal adults over 40 years who may want to get their coronary circulation

into better shape by this non-invasive technique that combines some medicines and therapeutic acoustic waves generated by piezo-electric crystals [6]. The added advantage would be the effective management of coronary micro vascular disease (MVD) [7]. This procedure can be repeated whenever necessary (Figure 3).

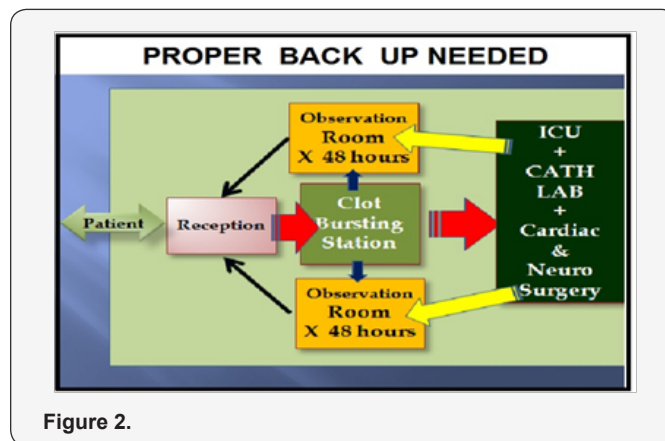


Figure 2.

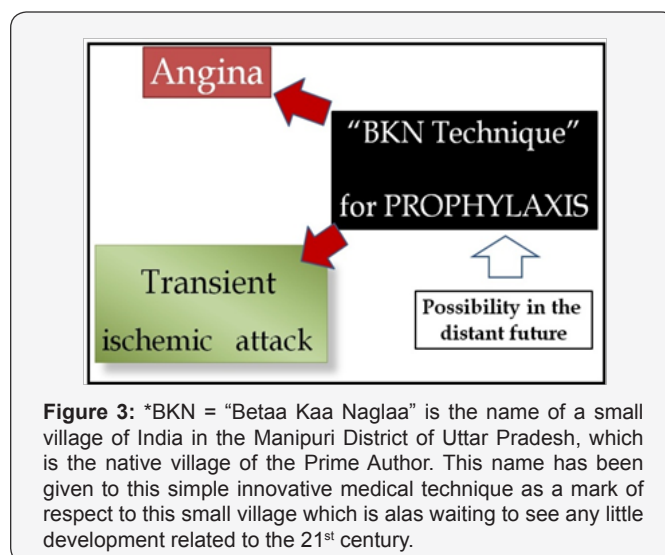


Figure 3: *BKN = "Betaa Kaa Naglaa" is the name of a small village of India in the Manipuri District of Uttar Pradesh, which is the native village of the Prime Author. This name has been given to this simple innovative medical technique as a mark of respect to this small village which is also waiting to see any little development related to the 21st century.

While looking at the prospects of this 'Betaa Kaa Naglaa' technique, we are of the strong opinion that in the not so distant future, this technique by displaying many intrinsic benefits may end up being used for prophylaxis as well; obviously with proper and thorough back up. It could be used by Geriatricians and specialists in Family Medicine all around the world, and can fall back upon interventional cardiologist, if such a need arises which would always remain a remote possibility. This BKN technique can be used to keep the coronary vessels patent, thereby preventing plaques from building up and narrowing these coronary arteries. We also visualize this technique and its modifications being used for emergency management of angina, myocardial infarction, ischemic strokes, MVD, etc. Finally, it remains up to the world whether to allow accidental discoveries fade away into oblivion [8].

References

1. Rajesh C, Shruti C, Ajay KS (2017) Newer Ways for Managing Multi-Morbidities in Elderly Patients: Including Diabetes Hypertension and Coronary Artery Disease & Some More Problems. *OAJ Gerontol & Geriatric Med* 2(5): 555596.
2. Chauhan R, Singh AK, Chauhan S (2015) Perhaps its time the world looks beyond the use of stents and other invasive techniques for managing coronary artery blockages for the poor who are unable to bear the costs.
3. Chauhan R, Singh Ak, Chauhan S (2015) Perhaps it's time to consider some other perspectives as well for managing some cardiovascular diseases and primary hypertension. *BMJ*.
4. Chauhan R, Parihar AKS, Chauhan S (2016) Perhaps it's time to move on to individually tailored and focused treatment in the aged population. *J Gerontol Geriatr Res* 5: 1.
5. Chauhan R, Chauhan S, Singh AK, New exploratory 'Betaa ka naglaa technique' for clearing the coronaries and carotids during emergency In: *Innovative Medical Techniques Showcased at International Conferences*. Lap Lambert Academic Publishing Berlin, Germany, 13: 106.
6. Chauhan R, Chauhan S, Singh AK Coronary artery disease, ischemic stroke, coronary micro vascular disease & our "BKN Technique" In: *Innovative techniques for treating 25 common chronic human diseases*. Lap Lambert Academic Publishing Berlin, Germany, pp. 64-72.
7. Chauhan R, Chauhan S, Singh AK Primary hypertension and our 'Kalhore Technique' In: *Innovative techniques for treating 25 common chronic human diseases*. pp. 33-39.
8. Rajesh Chauhan (2015) Kindly doesn't let accidental discoveries for things like essential hypertension fade away into oblivion What if the medical discoveries were accidental and with no help forthcoming from any one or from governmental or global resources? *BMJ*.



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