

Correspondence

Necessity of databases in context of Indian guidelines



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I have read the article “Are western guidelines good enough for Indians? My name is Borat”.¹ It is an excellent review and surmises the healthcare issues plaguing India, which despite pockets of modernization is densely populated, economically backward, and not well insured. Many young lives are lost due to lack of financial support or access to tertiary care. I would like to bring to your notice certain additional points I believe, also corroborate the authors' viewpoint. The article mentions reuse of materials. In a study done by Dr Yash Lokhandwala, it was concluded that Indians are using reused ICDs after sterilization without facing major complications.² IHJ has earlier published an original article that concluded RA-LV pacing using VDD pacemaker is a safe, efficacious, cost effective technique of CRT.³ We need to ensure that lack of a database is not leading us to believe that there are no complications. For example, we have no documents of an endocarditis that was ever seen or reported. It should also be noted that our disease patterns are not the same as west and need different management; for example, myocardial tuberculosis has similarities to sarcoidosis seen by Japanese.

In the west, payment is linked to procedure and guidelines for insurance companies. However, most Indian patients pay from their pockets. Gradually, our system will move towards insurance for healthcare. Hence, it is important for us as a first step to promote indigenous databases – to look at our disease

patterns and identify the areas which we need to manage differently. Then, we can bring changes and adopt new guidelines. We surely have no dearth of people who will unite themselves for the country's benefit without vested interest.

Conflicts of interest

The author has none to declare.

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History of Cardiology in India published in the Indian Heart Journal recently 67:163-169, 2015



Dear Sir,

I have read with great interest the paper entitled “History of Cardiology in India” published in the Indian Heart Journal recently (*Indian Heart Journal* 67: 163–169, 2015). Following observations are presented for the consideration of concerned persons:

1. Central to any serious historical narrative is the methodology used to arrive at any of the stated conclusions. The paper does not spell out the methodology used for the search to establish historical facts. It does not even detail how and wherefrom “memories, traveller's tales, fables and chroniclers' stories, gossip and trans-telephonic conversations” were obtained to arrive at the reported conclusions. The few