CHAPTER XVI

Summary and Conclusion
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A. Clinical:

1. Digitalis is an excellent prophylactic drug for prevention of Pneumonitis, congestive heart failure and it enhances the growth profile like a normal healthy child. E.C.G. wise the axis is more right and RVH becomes BVH, but Echocardiogram shows there is minimal blood flow across the ventricular septal deflect after one year of therapy.

2. Digitalis is a very effective drug to control congestive heart failure in Rheumatic heart disease either in acute form like carditis or in chronic form like valvular disease - Mitral Stenosis and Mitral regurgitation. In carditis the inverted T wave becomes normal, there is elevation of ST segment; but in valvular diseases there is no significant changes.

3. Digitalis controls the congestive heart failure associated with severe anaemia very quickly.

4. In hypertensive heart failure (AGN) Digitalis, diuretics and antihypertensive drugs control the failure more quickly than with either Nifedipine and diuretics or diuretics and antihypertensive drugs.

5. In chronic hypertension Nifedipine is a much better drug to control blood pressure than any other antihypertensive drug.
6. Nifedipine is an unique drug to be used in Myocardial ischaemia and infarction. The clinical improvement is usually seen within a span of few hours to a day, but E.C.G. changes appear at least after three days in the form of reversal of T wave to normal, elevation of ST segment and disappearance of abnormal Q waves.

B. Experimental:

1. Digitalis: Maximum effects are noted in hypoxia, pulmonary insufficiency, aortic insufficiency, pulmonary infarction and hypervolaemia. Minimal effects are noted in myocardial ischaemia, hypertension and on normal heart.

2. Nifedipine: The most significant changes are noted in Myocardial ischaemia, pulmonary infarction, hypertension and hypervolaemia. Less significant changes are noted in hypoxia, aortic insufficiency and or normal heart.

3. Calcium Chloride: It has a substantial effect on normal heart and also in the cases of pulmonary insufficiency, pulmonary infarction and hypertension, its impact is reported. But it has a little effect in aortic insufficiency, hypoxia, myocardial ischaemia and hypervolaemia.

4. Potassium Chloride: It exhibits much effect in aortic insufficiency, myocardial ischaemia and hypervolaemia. Though the effect is not so prominent as in the above cases it in pulmonary insufficiency, pulmonary infarction and hypertension, an almost insignificant influence effect is noted on normal heart and in hypoxia by this drug.
Conclusion:

The five years of extensive study of clinical profile and experimental animals have highlighted certain definite conclusive opinions which are —

1. Digitalis is an unique drug to control failure of diverse etiology and is an excellent chemoprophylaxis in large VSD for prevention of pneumonitis, heart failure and normalisation of growth profile.

2. Digitalis has got no role in the treatment of Ischaemic heart disease, myocardial infarction and coarctation of aorta without failure. It worsens the condition in aortic stenosis.

3. Nifedipine is an excellent drug in myocardial ischaemia and infarction and control of hypertension, both in acute and chronic form.

4. Nifedipine has got no value in congestive heart failure.

5. Therapeutic dose of Calcium Chloride is not free from complications. It is to be given very cautiously in normal heart, pulmonary insufficiency, pulmonary infarction and hypertension specially in adjuvant with Digitalis and Nifedipine.

6. Therapeutic dose of Potassium Chloride may lead to complications in aortic insufficiency, myocardial ischaemia, and hypervolaema. The therapeutic dose has to be given in distributed form in 24 hours of fluid.