

Case study

Evaluation of the efficacy of the Heart Failure Reversal Therapy (HFRT) in heart failure patients with reduced ejection fraction.

ABSTRACT

Background: Heart failure is a condition where the heart's ability to pump enough blood to support normal metabolic functions is impaired. This causes the heart's resting pressure to rise. Since it has afflicted about 26 million people globally, some authors believe that HF is currently pandemic. Heart Failure Reversal Therapy (HFRT) involves dietary control and herbal panchakarma therapy.

Aim: To study the effect of HFRT on ejection fraction in chronic heart failure patients with reduced ejection fraction.

Results: A total of 27 patients with HF and EF < 40% were enrolled in the study for analysis. There was a significant improvement in VO_{2peak} , from 19.68 ml/kg/min at baseline to 32.51 ml/kg/min on day 90. The Mean \pm SD on day 1 was 19.68 \pm 8.84 which improved to 32.51 \pm 5.52. The VO_{2peak} was statistically significant ($p=0.00$). Even more significant improvement was seen in ejection fraction which increased from 35% on Day 1 (Mean \pm SD = 35.54 \pm 12.32) to 53.4% on Day 90 (Mean \pm SD = 53.46 \pm 7.90) and it also showed statistical significance ($p=0.00$). Also, HR, BMI, abdominal girth, and weight showed similar statistically significant improvements. Improvements in SBP and DBP were not statistically significant.

Conclusion: Along with a reduction in body weight, BMI, and ABG, a significant rise in EF, VO_{2peak} , and 6MWT was seen. For the treatment of HF with low EF, HFRT makes a strong case for consideration as an efficient therapeutic alternative.

Keywords: Heart failure, Ejection fraction, Heart Failure Reversal Therapy

INTRODUCTION

Heart failure is a condition where the heart's ability to pump enough blood to support normal metabolic functions is reduced, causing an increase in the heart's resting pressure.¹The World Health Organization states that cardiovascular diseases (CVDs) are now the main cause of death and morbidity globally, and among all ethnic groups, Indians are thought to be the most severely impacted.²Compared to those of European heritage, CVD strikes the Indian population during their most productive midlife years and at least ten years earlier.³ Due to the vast number of people who are impacted by it, chronic heart failure (CHF), one of the many CVDs impacting the population, is a serious health concern.Chronic heart failure (CHF) care is a subject that has been extensively discussed for centuries, and there are well-established treatment plans that place a strong emphasis on the objectives of symptomreduction and prognosis improvement.The annual incidence of CHF in India ranges from 0.5 to 1.8 million, according to the rising global prevalence.⁴Increased sedentary lifestyle and other HF risk factors are directly related to India's rapid urbanization and industrialization over the past few decades.Due to population aging and patients with acute cardiovascular events having better prognoses, the burden of heart failure (HF) is gradually rising.⁵When the overall cardiac function is affected, HF can develop with reduced ejection fraction (HFrEF), and frequently the left ventricular ejection fraction is lower than 40%.The ejection fraction is retained in some HF patients (HF with preserved ejection fraction, HFpEF).

Several medications, including beta blockers, diuretics, angiotensin 2 receptor blockers, angiotensin-converting enzyme inhibitors, and anti-platelet medications, are available to treat HF.⁶HF has a poor prognosis despite the availability of a long list of conventional therapy alternatives.Patients who have HF experience the disease's symptoms directly as well as the fear and dread that goes along with them.The patient's quality of life is negatively impacted by these impacts.Given these circumstances, there is a need for innovative, more affordabletherapy modalities that would lessen the patient's fear and anxiety and enhance their quality of life.

Ayurveda is regarded as a traditional medical method in India.The usefulness of panchakarma therapy in treating a variety of ailments has also been demonstrated by numerous research. Heart failure Reversal Therapy (HFRT) is a novel therapy created to improve patients with CHF's cardiorespiratory fitness. HFRTis a four-step procedure that includesSnehana (External Oleation Therapy), Swedana (Passive Heat Treatment), Hrudaydhara (Decoction Drip Therapy), and Basti (Per Rectal Administration).

In the present study, we have evaluated the efficacy of HFRT in patients with a reduced ejection fraction. The effect of HFRT along with a 1200Kcal diet program was analyzed on ejection fraction (EF), VO_{2peak} , systolic blood pressure (SBP), diastolic blood pressure (DBP), heart rate (HR), weight, body mass index (BMI), and abdominal girth (ABG) in patients with EF < 40% to improve the quality of life of heart patients.

MATERIALS AND METHODS

- a. Sample Size: 27
- b. Study design: **Observational cohort Study. The data of patients who had been administered HFRT with a minimum of 7 sittings and a maximum of 21 settings over 90 days were considered for the study.**
- c. Duration of study: November 2018 to October 2021
- d. Study Site: Madhavbaug Cardiac Clinic, Dhantoli, Nagpur, India.
- e. Inclusion Criteria: We have observed the efficacy of the HFRT program in:
 - Elderly male and female patients = age group of 50 -75 years.
 - Ejection fraction = $\leq 40\%$.
 - NYHA Grade – II, III, and IV.
- f. Exclusion Criteria: The following patients were excluded from the study:
 - Patients having HF with a normal ejection fraction.
 - Patients with acute illness.
- g. Methodology:

A total of 32 patients were screened for the study out of which 3 patients discontinued the treatment and 2 patients expired due to COVID 19. We identified the data of 27 patients suffering from HF (New York Heart Association, NYHA Class II, III, and IV) of age between 50-75 years, and who had attended the out-patient departments (OPDs) at Madhavbaug hospital located in Nagpur, Maharashtra, India. The selection has been based on the patients' availability of complete relevant baseline data (day 1 of HFRT) to final day data (day 90 of HFRT). The information about comorbidities, if any, was also noted.
- h. Primary endpoint – Left ventricular Ejection fraction (LVEF)
- i. Secondary endpoints - VO_{2peak} , weight, BMI, Abdominal girth, Heart rate, SBP, and DBP.

HFRT:The Panchakarma-based HFRT procedure (time required 65-75 minutes) was performed after a light breakfast on the patients in 7 sittings over 90 days as described below:⁷

Snehana(Oleation)- A 30–35-minute massage therapy employing the sesame-oil-processed herbs Terminalia arjuna, Dashamoola, and Vitex negundo.

Swedana(Perspire) -The herb Dashmoola is used for a 10- to 15-minute passive heat therapy with steam at 45°C(Machine temperature).

Hrudaydhara(Concoction dripping treatment)-A 15-minute decoction therapy involves drips of luke-warm Dashmoola (5 ltr) from a height of 10 cm on the left side of the chest.

Basti (Enema) - Employing the aqueous extracts(80 ml) of the plants Boerhaviadiffusa (2.19%), Acorus calamus (0.94%), and Terminalia arjuna (0.94%) in 20 ml sesame oil, a 10-minute medicated enema therapy.

Diet plan:A diet box was provided to all the patients which included an 800kcal diet for patients with DM and 1200Kca for patients without DM with high fibers, high proteins, and low carbohydrates and fats. It contained premixed medicines with food. Fluid restrictions to 1-1.5lit water/day were advised.

This study was conducted in accordance with the ethical principles of the Declaration of Helsinki, and all patients provided written informed consent.

Statistical analysis:A T-test was used to test statistically significant for primary endpoint improvement in EF, VO₂peak, and secondary reduction in weight, BMI, ABG, heart rate SBD, DBP as well as a reduction in dependency on conventional medicine.

Table 1: Hypothesis for ANOVA test

Null hypothesis	Means are equal among all different time periods i.e., first visit and follow up, first follow up and second follow-up (1 st f/u and 2 nd f/u)
Alternative hypothesis	means of at least 2 groups are significantly different

Level of significance	0.00
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RESULTS

A total of 32 patients' data was screened for inclusion in the study. However, based on the availability of data and the inclusion criteria, 27 patients were selected, and their data were considered for analysis. Out of which 65.38% were male patients. The mean age of the enrolled patients was 57.69 ± 8.69 years. Majority of the participants were categorized in NYHA Class and had comorbidities such as hypertension and diabetes mellitus (Table 2).

Table 2: Frequency(%) of past medical history and NYHA functional class.

Past medical history Frequency (%)	
Coronary artery disease	6
Hypertension	20
Diabetic Mellitus	17
Ischemic heart disease	17
Myocardial infarction	9
NYHA functional class Frequency (%)	
Class I	0
Class II	17
Class III	9
Class IV	1

HFRT treatment and 1200kcal diet plan showed significant improvement in EF, weight, BMI, Abdominal girth, 6MWT (meters), and VO₂peak in all 27 patients (Table 3). For heart rate, SBP, and DBP, HFRT therapy was not statistically significant (Table 3).

Table 3: Effect of HFRT treatment on the improvement of various body parameters.

Variable	Sample	Mean \pm SD	P-value	Conclusions from
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	size	Day 1	Day 90	ANOVA	
ABG(cm)	26	89.97±14.89	83.41±13.94	0.00	Statistically significant
Weight(Kg)	26	67.16±11.82	61.42±9.37	0.00	Statistically significant
BMI(kg/m ²)	26	25.22±3.52	23.12±2.94	0.00	Statistically significant
EF(%)	26	35.54±12.32	53.46±7.90	0.00	Statistically significant
6MWT (meters)	24	543.42±197.89	831.33±113.91	0.00	Statistically significant
Before HR (Beats per minute)	24	82.46±15.26	74.71±10.89	0.02	Statistically insignificant
Before SBP (mmHg)	24	122.92±15.78	117.21±9.99	0.04	Statistically insignificant
Before DBP (mmHg)	24	73.63±7.99	71.63±7.44	0.14	Statistically insignificant
After HR (Beats per minute)	24	111.67±22.42	126.13±18.13	0.02	Statistically insignificant
After SBP (mmHg)	24	146.08±24.76	146.08±20.52	0.99	Statistically insignificant
After DBP (mmHg)	24	80.96±10.36	84.25±9.06	0.18	Statistically insignificant
VO _{2peak} (mL/kg/min)	25	19.68±8.84	32.51±5.52	0.00	Statistically significant
ABG – Abdominal girth, BMI – Body mass index, DBP - Diastolic blood pressure, EF – Ejection fraction, HR – Heart rate, SBP - Systolic blood pressure					

The HFRT treatment showed statistically significant results for the primary endpoint (EF and VO_{2peak}) and also for secondary endpoints (weight, BMI, ABG, and HR). SBP and DBP was statistically insignificant amongst secondary endpoints.

The HFRT and 1200Kcal diet plan was also found to be effective in the reduction of dependency on allopathic medicines. The dependency on the conventional medicines reduced by a minimum of 40% to 70% in the study participants (Table 4).

Table 4: Effect of HFRT treatment in the reduction of dependency on allopathic medicines.

Medicines	Day 1	Day 90	Medicines Tapering %
Calcium channel blockers	5	2	-60
Beta-blockers	20	7	-65
Vasodilators	5	3	-40
Diuretics	10	3	-70
Nitrate	7	2	-71.43
Angiotensin Receptor Neprilysin Inhibitor	1	1	0

DISCUSSION

The current observational study examined the impact of HFRT in elderly male and female patients with HF and discovered that from day 1 to day 7 of HFRT, EF and VO_{2peak} significantly improved. Interestingly, these improvements persisted even on day 90 of follow-up. Due to a weak heart, oxygen intake in HF patients is significantly reduced. This is demonstrated by a decline in VO_{2peak}.⁸ Therefore, the present study's considerable improvement in VO_{2peak} carries a favorable prognosis for HF patients. The results of additional similar investigations, notwithstanding the diverse therapies utilized in that research, supported this. In a clinical study of patients with ischemic heart disease, an increase in VO_{2peak} by 1ml/kg/min was associated with a 14–16% reduction in the risk of mortality.⁹ In the current study, the change in VO_{2peak} from baseline to day 90 of follow-up was substantial, increasing by about 50%. This suggests that people with HF have a lower risk of mortality. The significantly

improved quality of life following HFRT was a result of considerable improvements in sleep quality, memory function, and daily routine.

Secondary endpoints like weight, BMI, ABG, and HR also showed considerable improvement after HFRT. The four components of the HFRT therapy—Snehana, Swedana, Hrudaydhara, and Basti—act primarily in concert to lessen the negative symptoms of CHF. Snehana helps in soothing the patient through its anxiolytic action. Swedana lowers the preload on the heart by lowering the salt and water burden. Hrudaydhara, a kind of Shirodhara, soothes the patient and lowers blood pressure. In Basti treatment, Terminalia arjuna aids in lowering blood pressure, which lowers the afterload on the heart.¹⁰ Increasing morbidity and death are linked to increased BMI and ABG in HF patients. After 90 days of HFRT, there was a significant decrease in BMI and ABG, which indicates a better prognosis for HF patients' risk of mortality.¹¹

The gluten-free diet plan helps to reduce blood sugar levels and reduces insulin resistance. It also helps to reduce fat deposition in the liver. It has helped to reduce the weight by 4kg per month.

The key issues with allopathic medicines are the rising cost of therapy and the rising incidence of negative effects associated with their use.¹² We assessed how HFRT affected reliance on conventional medications in light of this. Our recent investigation showed that patients' dependence on conventional medications had generally lessened after the research time.

Despite the fact that the current study produced a number of significant positive findings, more research of this type—possibly a prospective head-to-head comparative clinical trial—is required before the results can be applied to a larger population.

CONCLUSION

According to the results of our study, HFRT along with a 1200Kcal diet plan and fluid restriction is an effective and practical therapeutic choice for patients with HF and a low EF who want to increase their ejection fraction. A significant increase in EF, VO_{2peak} , and 6MWT along with a decrease in body weight, BMI, and ABG was observed thereby presenting HFRT as an excellent candidate for consideration as an effective therapeutic alternative treatment for HF with low EF.

CONSENT TO PARTICIPATE: Informed consent from each participant was registered

CONSENT FOR PUBLICATION: Non-disclosure of personal information was agreed and consent for research publication was obtained.

ETHICS APPROVAL: Institutional review board approval and in compliance with the ethical standards of the responsible institution on human subjects as well as with the Helsinki Declaration

References

1. Tan L, Williams S, Tan D, et al. So many definitions of heart failure: are they all universally valid? A critical appraisal. *Expert Rev Cardiovasc Ther.* 2010; 8:217-28.
2. Nag T, Ghosh A. Cardiovascular disease risk factors in Asian Indian population: A systematic review. *Journal of Cardiovascular Disease Research.* 2014;.4(4): 222–8.
3. Prabhakaran D, Jeemon P, Roy A. Cardiovascular Diseases in India. *Circulation.* 2016;133(16):1605-20.
4. M.D. Huffman, D. Prabhakaran. Heart failure: epidemiology and prevention in India. *Natl Med J India*, 23 (2010), pp. 283-288.
5. Metra M, Teerlink JR. Heart failure. *Lancet.* 2017;390(10106):1981–95.
6. Yancy C, Jessup M, Bozkurt B, et al. ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *J Am Coll Cardiol.* 2013; 62(16):e147-e239.
7. Rohit Sane, Rahul Mandole “To study the efficacy of Heart Failure Reversal Therapy (HFRT) program in elderly male patients with reduced ejection fraction” *International Journal of Medical and Health Research*, Volume 4, Issue 7, July 2018, Pages 149-154.
8. Kemps H, De Vries W, Hoogeveen A, et al. Reproducibility of onset and recovery oxygen uptake kinetics in moderately impaired patients with chronic heart failure. *Eur J Appl Physiol.* 2007; 100(1):45 -52.
9. Keteyian S, Brawner C, Savage P, et al. Peak aerobic capacity predicts prognosis in patients with coronary heart disease. *Am Heart J.* 2008; 156(2):292 -300.

10. Sane R, Aklujkar A, Patil A, et al. Effect of heart failure reversal treatment as add-on therapy in patients with chronic heart failure: A randomized, open-label study. *Indian Heart Journal*. 2017; 69(3):299 -304.
11. Aune D, Sen A, Norat T, et al. Body Mass Index, Abdominal Fatness, and Heart Failure Incidence and Mortality. A Systematic Review and Dose-Response Meta-Analysis of Prospective Studies. *Circulation*. 2016; 133:639 -649.
12. Perwitasari D, Urbayatun S. Treatment Adherence and Quality of Life in Diabetes Mellitus Patients in Indonesia. *Sage Open*. 2016:1-7.

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