



**Swasthya Cardiology**

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The 'Swasthya' a UK based quarterly Healthcare Journal is gradually gaining wider publicity and momentum. While its initial three issues, over the last year, were mainly devoted to the medical specialties of mental health and surgery, a new section for Cardiology is being started from this Spring edition in 2021. There are five guest articles on Cardiology in this issue mostly on Covid theme, which has been in the forefront of everyone's mind over the past one year.

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), also known as Covid-19, was first reported to the World Health Organization (WHO) as a pneumonia of unknown cause in Wuhan, China, on 31 December 2019. In this day and age of international travel, SARS-CoV-2 quickly spread internationally and within three months the number of cases outside of China surpassed those within China. The cases were rising so fast across the globe that the WHO declared COVID-19 a pandemic on 11 March 2020. By now in April 2021 (i.e., just over 13 months' period), WHO dashboard has shown a total of 142,238,073 confirmed cases all over the world with 3,032,124 confirmed deaths from Covid-19 (1). In the UK we have a cumulative total of 4,393,307 confirmed cases with 127,307 deaths within 28 days of confirmed Covid-19 infection. These are very grim and sobering statistics for the medical science as well as our human race.

SARS-CoV-2 or Covid-19 belongs to a large family of single stranded RNA viruses called Corona Viruses, which also include SARS-CoV and MERS-CoV known to have affected humans in the past. Although Covid-19 is primarily a respiratory virus but it can cause serious damage to heart and other organs of the body. In this issue of Swasthya, I have written an article devoted to the Cardiac Manifestations of Covid-19.

When the pandemic started in March 2020, we were hardly prepared to deal with rapidly worsening medical crisis. Only little was known about this new virus. There was a lot of confusion among healthcare experts across the globe. While a few countries adopted a policy to actively promote the use of masks or face coverings (like South Korea, Singapore, New Zealand, Australia), many world leaders opposed its widespread use, in the name of protecting liberal values. Gradually, as the scientific data emerged, use of masks / face coverings became mandatory in the public places throughout the world. Initially the medical fraternity also did not know for sure, which treatment will work against this virus and started using several different medications in a hypothetical manner. There was a collaborative effort by the scientists across the world to organise clinical trials to collect scientific data to support use of medications/therapeutic strategies which were shown to be effective. Similarly global efforts were made to develop vaccines in a record time frame. Vaccination programme has shown very good progress in the UK but vaccine hesitancy has also been seen in a relatively small percentage of individuals throughout the world mainly due to fear of side-effects. In this issue there is an article by Dr Aggarwal from India to make physicians aware of different side effects of covid vaccines and their management.

Since 23rd March 2020 when the first total lock-down was imposed across the UK, even after one year, there have been intermittent and variable levels of on-going restrictions (2). During the acute surge of hospital admissions with Covid-patients, a large numbers of hospital beds and the healthcare staff had to be diverted to provide emergency care for these patients, and as a consequence the management of patients with some chronic non-covid conditions was automatically pushed to back seat. In this issue there is an article on admission rates of patients with heart failure during Covid lock-down period by Dr Sankaranarayanan.

It was not just medical care of the non-covid patients but teaching and training activities of medical students and junior doctors were also significantly affected adversely by the Covid. This has been described in his article by Dr Katira in this issue. There is another very informative article by Dr Ghosh on Cardio-oncology, which is developing as new sub-specialty within Cardiology.

References:

1. <https://www.WHO.int/emergencies/diseases/novel-coronavirus-2019>
2. [http://www.timeline-lockdown-social \(instituteforgovernment.org.uk\)](http://www.timeline-lockdown-social (instituteforgovernment.org.uk))

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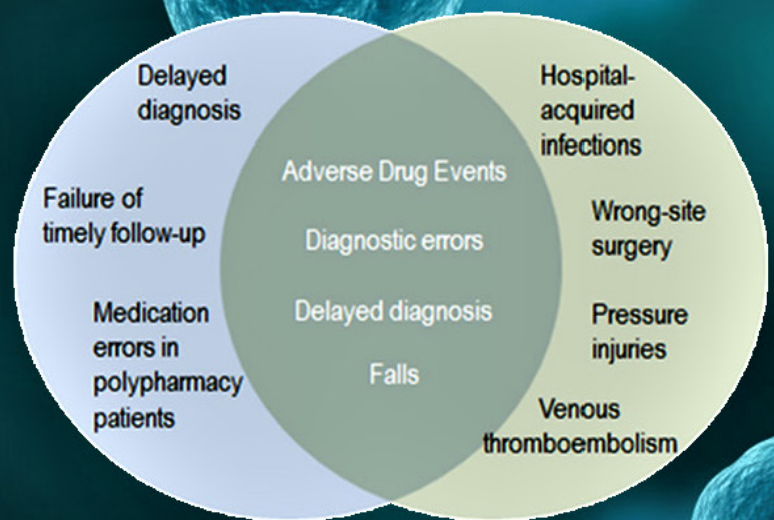
Swasthya Cardiology Section

# Improve patient safety by eliminating adverse events in health care settings

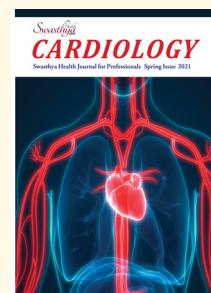
It is estimated that every year more than 300,000 patients acquire a healthcare associated infection (HCAI, HAI or nosocomial infection) as a result of care with in the NHS.

Primary and ambulatory care

Hospital care



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