ARTICLE IN PRESS

INDIAN HEART JOURNAL XXX (2016) XXX-XXX



Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/ihj



Letter to the Editor

Remarkable regression of coronary atherosclerosis: An interplay of pharmacotherapeutic and lifestyle factors

ABSTRACT

Keywords:
Coronary artery disease
Lifestyle modification
Optimal medical therapy
Regression

Coronary heart disease is the leading cause of death in the world today. Regression of coronary atherosclerosis using a combination of drugs and lifestyle interventions has been reported. This letter describes three patients with remarkable reduction in angiographic stenosis of coronary arteries that is generally not considered feasible.

© 2015 Cardiological Society of India. Published by Elsevier B.V. All rights reserved.

Coronary heart disease (CHD) is the leading cause of mortality globally and a growing threat to low- and middle-income countries. High-dose statin therapy, younger age at diagnosis, female sex and higher baseline coronary atheroma volume are factors thought to associate linearly with disease regression.

A 37-year-old male presented with myocardial infarction (MI). His blood pressure was 140/90 mmHg, total cholesterol 208 mg/dl, low-density lipoprotein 133 mg/dl, high-density lipoprotein 53 mg/dl, and body mass index 30 kg/m². He was married, had two children, and was managing his own construction business, which had been a source of chronic mental stress. He had another MI 4 years later and was noted to be noncompliant with medications. An invasive coronary angiography showed 90% obstruction of the left anterior descending (LAD) artery, 40% obstruction of the right coronary artery (RCA), and 30% obstruction in the left circumflex artery. Based on the personal preference of the patient, surgical/ interventional procedures were withheld. His daily medications included atorvastatin 20 mg, metoprolol 25 mg, ramipril 2.5 mg, nicorandil 10 mg, and a fixed-dose combination of clopidogrel 150 mg and aspirin 75 mg. He embarked on intensive lifestyle modifications by avoiding meat, abstaining from processed and packaged foods, consuming more fruits and vegetables, walking an hour at a pace of 4 km/h on most days, and practicing yoga for an hour every morning. He and his wife pursued higher education in yoga and became instructors of Kundalini yoga. Coronary computed tomographic angiography (CCTA) performed 2 years later showed complete regression of the obstructive coronary lesions and only diffuse calcific plaques. Currently, aged 51 years, he has

been free of symptoms for a decade and has the risk factors under control with minimal cardiac drugs.

A 47-year-old diabetic male was diagnosed with MI and 90% LAD obstruction. He was a vegetarian, exercised irregularly, and had high levels of work-related stress. A 39-year-old homemaker and mother of an adopted child presented with angina, hypertension, dyslipidemia, and obesity. She had 80% LAD obstruction and 60% RCA obstruction. With guidance on risk factor management, both patients consumed a balanced diet, exercised regularly, managed their stress better, and adhered to their medications. A repeat CCTA showed ≤20% obstructive lesions in both patients.

Regression of coronary atherosclerosis has been reported with a combination of medical and lifestyle factors.³⁻⁵ This letter describes three patients with remarkable reduction in angiographic stenosis of coronary arteries that is generally not considered feasible. While plaque stabilization, improved endothelial function, vessel remodeling, and collateral development improve symptoms, dramatic reduction of lesions has hardly been documented. Despite the small sample size and the limited follow-up, this report highlights the potential to reverse the natural progression of coronary atherosclerosis with medical therapy and lifestyle changes, including regular exercise, predominantly plant-based diet, and effective stress management. The authors are currently providing comprehensive CHD prevention and rehabilitation programs. In conclusion, CHD, a major cause of death in the developing world, can be controlled by an effective strategy combining optimal drug therapy and sustained lifestyle modification.

ARTICLE IN PRESS

INDIAN HEART JOURNAL XXX (2016) XXX-XXX

Conflicts of interest

The authors have none to declare.

REFERENCES

- Global Atlas on CVD prevention and control. Geneva, Switzerland: World Health Organization; 2011.
- Puri R, Nissen SE, Ballantyne CM, et al. Factors underlying regression of coronary atheroma with potent statin therapy. Eur Heart J. 2013;34:1818–1825.
- Ornish D, Scherwitz LW, Billings JH, et al. Intensive lifestyle changes for reversal of coronary heart disease. JAMA. 1998;280:2001–2007.
- Nissen SE, Nicholls SJ, Sipahi I, et al. Effect of very highintensity statin therapy on regression of coronary atherosclerosis: the ASTEROID trial. JAMA. 2006;295:1556–1565.
- Gupta SK, Sawhney RC, Rai L, et al. Regression of coronary atherosclerosis through healthy lifestyle in coronary artery disease patients – Mount Abu Open Heart Trial. *Indian Heart J.* 2011:63:461–469.

Priya Chockalingam N. Sakthi Vinayagam Cardiac Wellness Institute, Chennai, India

V. Chockalingam Dr MGR Medical University, Chennai, India

Anand Chockalingam Division of Cardiovascular Medicine, University of Missouri, Columbia, MO, USA

*Corresponding author
E-mail address: priyachockalingam@cardiacwellnessinstitute.
com (P. Chockalingam)

Available online xxx

http://dx.doi.org/10.1016/j.ihj.2015.11.012 0019-4832/

© 2015 Cardiological Society of India. Published by Elsevier B.V. All rights reserved.

Please cite this article in press as: Chockalingam P, et al. Remarkable regression of coronary atherosclerosis: An interplay of pharmacotherapeutic and lifestyle factors, Indian Heart J. (2015), http://dx.doi.org/10.1016/j.ihj.2015.11.012