**Present day objective of Dr. Debasis Basu’s work with special reference to coronary ailments in the young**

Trust that the world can only survive and be a better place to live once we all collect together and think about simple preventive strategies in the field of atherosclerosis and metabolism and serious planning to implement these ideas for the common man. I am positive that in this burgeoning populace always in the “rat race”, with pollution related hazards and modern curses of modern society, every individual is notoriously susceptible to some disorder or the other e.g. hyperuricaemia, lipid disorders, impaired glucose tolerance, hypothyroidism, or osteoporosis, which directly or indirectly contribute to physical/or mental ill health in the long run. Early orientation about detection and screening can yield a sea change in the future milieu of medical spectrum of the society in general.

As decision on the management of a patient requires a good clinical diagnosis based on history, detailed examination and special investigations, management of ill-health in a community rests on epidemiological information. Unfortunately no single set of statistics describes the illness in a community and one’s picture of the frequency and causes of illness is built up from studying the various ways in which disease alters people’s life expectancy and behaviour.

In my humble pursuit to diagnose a national and particularly a specific local problem, I observed changing patterns of the disease which nearly reveals the existence of groups of people within the community who are at special risk. In a community where death certificates and hospital registries are not adequately maintained one literally knocks at every door of a randomised study population curiously interrogating, tentatively examining only finally to serve them advice and free medicine samples. This is a long drawn and extremely tedious process to win the patient’s confidence – who then ultimately agrees to do the investigations desired and necessarily follow up if diagnosed as high risk groups. I am trying hard to rigorously standardise the protocol of history taking and clinical methods so that validity necessarily is not confused with repeatability among my fellow workers. In this mainly cross-sectional survey I had three kinds of aims:

i) description of the burden of the disease on the community

ii) study of the causes of disease

iii) screening for hitherto undiagnosed cases.

Indeed a ghastly tale unfolds amidst the sordid saga of a coronary artery disease (CAD) pandemic in our community. Though from data collection our amazing figures are harmonised with the existing publications involving almost similar population yet the virulence of the nature of this illness seems potentially dangerous in near future. Our records beckon statistical jugglery (where expert help is being sought from experts in Statistics to establish certain spine chilling alarms like by 2025 perhaps nearly half of the population would be affected with CAD with more than half dying).

If we have a set system of identifying and analysing our records, more inputs are solicited to make a forecast viable. In view of this I have already been able to start a preventive cardiology clinic in the heart of the city of Kolkata, where people from all quarters of life preferably in their early chapters of career are invited to screen their hearts in terms of prospective ischaemia if any. Customising the PROCAM and Framingham scoring patterns in our own perspective, the subject is made aware of his chances of having a heart attack in next 10 years. Multi-slice Cardiac CT scan/Cardiac dedicated MR identifies any culprit lesion identifying additionally the vulnerability of its rupture and focusing immediate attention to its intervention.

Cardiac MR helps in functional assessment of the underlying problem of known CAD patients being planned for revascularization and its honest justification. More and more people are being convinced by regular advertisements, lectures and long question hours with patients or interested volunteers on various information media. The known at-risk patients are requested to participate in the molecular epidemiology of young CAD by simply caring to give a small sample of blood for DNA extraction for genetic work later.

Currently with my faculty position in Stem Cell Lab, I had envisaged to incorporate this novel but surely the most promising technology in a complete clinical lab based research and therapeutic application (heart failure) - *If possible* for the first time here in Eastern India after obtaining the rights granted from the parent US company in 2008. In fact now with the strong association of the Parkway
Health sector in Singapore may I propose an exchange program from which a defined collaborative work can be established in terms of cardiac stem cell research. This definitely would revolutionise the modern culture of medical practice in India. As a preventive specialist in cardiac rehabilitation, heart failure remains a major unprotected area which can be addressed easily for the young diabetics who come in suffering from silent myocardial infarctions.