

# Chronicles of a heart attack

## Part I – The body

### The incident

I had a heart attack.

Technically, it was not an attack. My precious heart went into V-fib or ventricular fibrillation, and then cardiac arrest.

#### Four times.

कहूँ किससे मैं कि क्या है शब-ए-गम बुरी बला है  
मुझे क्या बुरा था मरना अगर एक बार होता।

So, the emergency room cardiologist had to electrify/ shock (*D- fib or defibrillation, let me tell you that it “really” has all the drama associated*

*with it, as seen in the movies*) my heart into getting back into action; I am told – four times. The discharge summary says – three times, but being the village (Gurugram) humbug, I am disinclined to sue the doctor, or my friend/ colleagues over this discrepancy in number of times I was shocked back into living.

My wife says they should have given one shock in the head too. She claims I would have become normal. And no one would have noticed. Thank God she wasn't around then.

The doctor<sup>1</sup> also cut through my favourite T-shirt to give me the shock. Lost the T shirt too (*must study the SOP; need to find how do they find the scissors so fast. I imaging the hospital must keep T-shirt cutting scissors in every nook and corner, just in case*).

I was put on the ventilator, an angioplasty done, the reason for V-fib found (*LAD 98% blocked<sup>2</sup>*), stent inserted (the stent prices were still decontrolled so “an unbearable lightness of the wallet” as well), and shifted to ICU. This all happened within **three hours<sup>3</sup>** of my “*having slight acidity*” on a Sunday afternoon.

The doctor woke me up in ICU – told me “Your heart had an issue, it has been sorted, go back to sleep”. So, I slept.

Woke up next morning – with hands and legs restrained, all kind of tubes jutting out of my mouth, and going into various sci-fi contraptions. There were other kind of tubes running into my body, some dispensing fluids, others measuring other parameters of life. And the least intrusive ones were monitoring the oxygen levels, and pulse rates and making that famous **beep-beep** sounds which had stopped last evening- giving rise to all this hoopla.

#### Not a good feeling. By any standards.

The visitors came. The crying kind, the worried kind, the relieved kind, and the doctor

दिल ही तो है न संग-ओ-खीश्त दर्द से भर न आये क्यूँ  
रोयेंगे हम हज़ार बार कोई हमें सताये क्यूँ

<sup>1</sup> Prompt action by the ER doctor is why I am alive to write this.

<sup>2</sup> This high blockage in LAD is called a “widow-maker”.

<sup>3</sup> It is minutes that count not hours; and we shall discuss this later

kind. All saw the breathing live specimen on bed, with all the tubes and went their own ways. Kind of goldfish in a bowl. Except goldfish forgets.

**Not a good feeling. Couldn't even shout, with all those tubes in.**

Finally, the doctors realised that I was not yet a vegetable, could breathe on my own, and pestered with numerous written requests (*really can't talk with those tubes in mouth*) removed the tubes. By evening they had shifted me to a room.

The night after, I had cajoled a discharge and was at home, with the additional weight of a stent bearing heavily on my heart.

**In filmy “*ishtyle*”, I wouldn't wish this on my worst enemy<sup>4</sup>. Not that I have many, but I still retain some human characteristics.**

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<sup>4</sup>Such experiences do give you a perspective. Now for me “enemy” is just a concept. But will discuss these in the second (mind-games) or the third (spirited) parts.

## The denial- I am not at risk<sup>5</sup>

**Why this gyan to all of you? All of you are health conscious, joggers, marathon runners, sensible eaters .....**

My brother-in-law -vegetarian, non-smoker, jogger, no family history is **a heart attack survivor**. There are no guarantees as far as the heart is concerned. Hence this drilling a little fear in you is being on the safer side. So back to the matters of heart, and the myths attached to your being heart attack risk free.

I was<sup>6</sup> a smoker. Had been for 25 years.

God had made chevon to be eaten. So, I used to eat it, cooked properly in Butter/ Ghee.

And yes, a little bit of family history to add to it. Had a paternal uncle who succumbed to a heart attack before 55.

So, I was a **little** careful.

Had my annual medical check-ups. ***The last medical check-up before the attack had ruled me out as a candidate for cardiovascular disease. Cholestrol – within limit, Tri glycerides – within limit – HDL/ LDL ratio- within limit, KFT, LFT -normal. Treadmill test – normal.***

Used to exercise – summers used to do 40- 50 laps in a 20-meter swimming pool – so about 1500-2000 m of swimming. Was walking 7.5 km in 65 minutes till a week before the attack – as the pool was closed in winters.

Though, I ate mutton, it was rarely more than once a week, and never in excess.

BMI was at 25.5. I am NOT diabetic. Blood pressure was, and remains at 110/70. Blah Blah .....

Not exactly in Pulak/ Dev Raman/ Bachcha league, but not bad. Somewhere, right in the middle. **Still had the attack. And died. Can't be, shouldn't be, but happened. How?**

## Quant III

It all boils down to the only course where I got a "D". **Quant- III.**

All these tests are **statistics** based. Depend on sample sizes and probability (*I know, I know it is  $\leq 1$* ).

And doctors<sup>7</sup> are not good in maths. Remember, it was normally the guys in school, who were not so good in maths, who normally used to opt for the bio stream. These are the very guys who are the doctors today. Specialists. Cardiologists. And they do **NOT** know more math than they did then.

They definitely do **NOT** know statistics, especially the Quant-III or SMDA kind. So, whatever, your doctor might read, he sees the test results as absolute, and is right to the best of his knowledge. What he does not know is **"Statistics are like a bikini. What they reveal is interesting. What they conceal is fascinating."**

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<sup>5</sup> While we shall deal with the mind games in part 2 of the chronicles, I will touch on this feeling for a short while.

<sup>6</sup> "was" needs to be noted as a key operative verb

<sup>7</sup> I am falling for the same generalisation which I want to refute. I mean most of the doctors here – NOT – all of them

**Case to point:** Treadmill test (TMT) is the best non-invasive test for finding blockages. It does not even begin to indicate any blockage till the blockage reaches 70%. Even then the statistical errors are huge. Please check for the Type I and Type II errors of a TMT<sup>8</sup>.

These doctors advise us based on these tests. Based on a sample which **doesn't** represent us. We as a class, **ALL of us, are outliers**. We are that 0.0071 % of the people who graduated in 1990. Kind of beyond that three sigma limits. By far. And at an early age we learnt **"STRESS is GOOD"**. Gets us good grades. Makes us climb that ladder faster. And stress as a factor can't be quantified as there is no test to measure stress. We took that stress early on, and most of us revelled in it.

**WE ARE ALL AT RISK. ALL OF US.**

And there is no denying this. So, read on. I would like you to be safe, and hope<sup>9</sup> that you not undergo what I went through.

And then I was a boy scout<sup>10</sup> – President scout. So I believe in preparation. The next section is for preparation, JUST IN CASE.

Prevention, well, OK.

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<sup>8</sup> It does not mean that tests are bad. Just beware that these are statistical in nature and don't become too assured on a good test result. Preventive measures like active lifestyle should adopted and continued with.

<sup>9</sup> Hope – as Alok says, is a good virtue, and a bad strategy.

<sup>10</sup> Refer to our motto "Be prepared"

## Prevention

Prevention for vascular disease is a myth. Some point of time after you turned eighteen, your body started to change. Deposition in arteries starts. Now, if this deposition was in a small capillary at the end of your vascular system, this was not an issue at all. When this deposits start taking place in the heart, we start having a cardio-vascular disease, which – heart being an important organ – is dangerous.

So, the deposition in arteries is a natural process. Slower in some cases, faster in others. So what do we do?

Please continue with your annual medical check-ups. And try to get good results. L<sup>11</sup>-schol will be awarded to the longest living one. (S)he can pat his/her back, and have a last drink. For the class.

Just keep in mind that if all test results show up well **DO NOT** get smug. Believe it, you are only statistically ok.

And just for fun, let's make three combos.

Criteria for classification<sup>12</sup>.

1. Stress prone
2. Smoker (people who quit seven or more years ago will qualify as non-smokers)
3. Family history (grandparents specifically; maternal and paternal uncles included)
4. Hypertensive
5. Diabetic
6. Lifestyle without exercise
7. On the heavier side (BMI>25)
8. Unfavourable cholesterol indicators
9. Excessive (> 2 large daily) alcohol intake (especially binge drinking)

If you have none or only one (lower) of the above traits – you are in **Combo -G (G-God)**.

If you subscribe to any two or three of the above traits, you are in **Combo H (H- human)**.

If you have more than three of the above traits, you are in **combo T (T- Troublemakers)**.

## Combo G

The Combo G can continue with their annual medical check-ups, have their daily exercise (45 -60 minutes plus (walk/jog/ swim/ cycle/ gym/ tennis; golf doesn't qualify here), a glass of red wine/ beer/ single malt in the evening.

**Just make sure to vary your exercise routine. Make a combo – cycling with swimming – 3 days each, or walking with gymming 3 days each – every alternate day. Just exercise different muscles alternatively- and stop reading further. Don't gloat, or I will add gloating to the above list.**

**Eat everything**, in moderation. And Chill, you are gods.

## Combo H

Your annual medical check-ups need to be kept and compared for changes. Any gradual changes should be investigated. Make sure you get your treadmill test included in your package.

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<sup>11</sup> Longevity, not life

<sup>12</sup> in order of risk

In your next medical – and there is no need to schedule one immediately, just whenever it is, and **just for once** – get a stress echo done. It is a non-invasive ultrasound test, and if the radiologist does not find anything wrong, chill.

Exercise, five to six days a week. As mentioned for combo G, vary your exercise routine. Gym, play, jog, swim, but keep on changing. And Chill.

#### COMBO T

Yup, I know your kind. Yes, yes, yes I was one. And yes, we know how to live life.

हर ज़रूरी चमकता है अनवार – ए- ईलाही से,  
हर सांस ये कहती है हम हैं तो खुदा भी है

So, that I keep having your company for a long time, just a bit of advice. Your annual medical check-ups need to be kept and compared for changes. Any gradual changes should be investigated. Make sure you get your treadmill test included in your package.

In your next medical – and there is no need to schedule one immediately, just whenever it is, and **just for once** – get a **cardiac CT** done. Cardiac CT is a CT scan of the heart. Dye may be injected for contrast, drugs given to slow pulse. It is again non-invasive. If all found ok, chill.

#### Recap

1. Exercise daily, and vary your routine. Golf is not exercise<sup>13</sup>.
2. Stress is a killer. Meditation/ Yoga helps. Get a “guru” if needed.
3. Eat everything, drink everything- in moderation.
4. Quit smoking – and if you can’t-smoke grass. At-least it will reduce the stress.

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<sup>13</sup> If you need to define exercise – go to a cardiac/normal physio, he will set a Heart rate level for you. Visit him once/twice a month only for corrections

## And survival

Surviving a “**widow-maker**” puts me in that exclusive outlier list. I was lucky. Extremely lucky. Survival rates between ages 45-55 for first time heart attack are rather low.

### Or was I?

Must have done **something right** to dodge the reaper. So, lets rewind and go back a little and see the little right things for **YOU** to keep in mind, and again, just **in case**.

It was a lazy Sunday. Wife and the younger son were in Patna – to attend a marriage. The elder son had gone to attend his classes for preparation of his entrance exams – wants to be an engineer. So, in the morning, I packed off his lunch, and went around looking for cash (**oh yes** – the famous demonetisation, **and NO-** I did not have any black money-leading to tension and attack). Was unsuccessful, came home, tried to catch up with some reading. Had a late lunch, around 3:00 pm, and went to sleep.

At around 5:10 pm, woke up having slight discomfort in the chest area. Felt like an old friend -acidity. Got a little worse – went and vomited. And vomited again. Took an antacid. The discomfort did not go away.

An occasional chat with the doctor did little harm, and besides who knows, strike lucky and the nurse may be cute. So, called up my neighbour. Couldn't get him. Called my colleague/partner. He agreed to take me to the hospital.

### (The first good thing I did was that I did NOT ignore it<sup>14</sup>.)

Locked up the house, called my son, informed him that the keys were with the neighbour, walked down, gave the keys to my neighbour. My colleague had come. Left for the hospital. My colleague pushed me to keep coughing, fearing the worst. Decided to go to the **nearest** hospital (with cardiac care), instead of a better one, but further off. Reached the hospital by **5:30 pm**. Was in the Emergency Room (ER) by **5:35 pm**.

### (The second good thing was that I was in the hospital (with cardiac care) in the shortest possible time.)

Aware of the “golden hour” within which a cardiac patient should reach his cardiologist. I also had an aspirin (blood thinner) tablet within an arm's reach, but did not take it suspecting acidity, where if taken it is painful.

### (The third good thing was that I had first aid at hand)

Though did not use it. *Keeping a sorbitrate (Isosorbide dinitrate) tablet handy in wallet/ purse is advised. Won't harm in an acidity attack.*

### Now comes the strange part.

They took my blood pressure, it was 120/85 – declared normal (a little higher than my normal but not disputable). They hooked me up to an ECG/ EKG machine. Those sinusoidal curves were declared normal. Was declared cardiac fit, with a minor attack of acidity. Was injected a proton blocker (antacid), and was mentally prepared to go back home.

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<sup>14</sup> The first symptom of a cardiovascular disease in more than half of the cases is either angina or an attack. And heart attack has many symptoms. Any pain in the region, **generally increasing with physical activity** must be investigated.

Still had that pain in the upper stomach, lower chest area. Told the doctor. She promptly injected a painkiller, and informed me that the cardiologist was on the way, and they would seek his opinion before discharging me. It takes some time for the painkiller to kill the pain. So was waiting for the cardiologist, and the painkiller to act. The cardiologist came. He was explained the case by the ER doctor. Went through the ECG – which seemed normal<sup>15</sup>.

The cardiologist had come with an *invisible elephant calf*. The elephant kid climbed and sat on my chest. One glance at the ECG after the elephant calf was on my chest, the cardiologist refused the administration of painkiller, and rushed me to the cardiac resuscitation area in the ER – some 5 meters away – the T-shirt (sigh) cut open and 200 J of electricity passed immediately through my rib cage.

The calf ran away to join his mother. The relief from immense pain was heart-warming. All I wanted to do was sleep. And the doctor kept slapping me awake. I was still awake when the doctor decided to enthrall me with a second dose of electric shock. And repeated it – twice. But all that is hearsay, as I was shuttling between heaven/ hell and earth and was too occupied to keep note of such mundane things, as shocking of my heart.

हमको मालूम है जन्नत की हकीकत लेकिन,  
दिल को बहलाने को गालिब' ये खयाल अच्छा है

**The fourth good thing is I stuck around.** A cardiac arrest is a strange thing – with many symptoms, and does not give any indication when it is going to come. So, don't be impatient to run out of the hospital (*everything else waits – death doesn't*). Find a good-looking nurse (to be fair to the fairer sex – nursing in India has now better gender equality, good looking men – doctors included- are also around), and keep leching at her/ him, till they are finally satisfied and throw you out.

## Recap

**Just to make sure**– the following is the structure of **WAC**<sup>16</sup>:

1. Identify the nearest hospital with cardiac care.
2. Do not ignore any kind of pain in chest area, especially one that increases with activity.
3. Keep a sorbitrate (Isosorbide dinitrate) in wallet or purse. In case you suspect a cardiac issue pop one and keep it below your tongue.
4. Lie down, keeping legs a little elevated – forcing blood to the head.
5. Waiting for an ambulance should be done where the service is good. Else, ask a designated driver to rush you to the nearest hospital.
6. Deep breaths help. Force yourself to do it.

## Endgame

Tomorrow is the first day of rest of my life. Unless, today is the last. Death is a natural and inevitable part of life. It will happen.

**But then these are all for old senile people. It is our day in the sun.**

All these thoughts impacting mind and soul shall be in the next posts.

If I live that long.

Cheers.

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<sup>15</sup> Troponin was done – came negative, albeit later. The damage to heart was minimal due to prompt attention.

<sup>16</sup> Nothing else can get you to read better than a mention of WAC.