

Editorial**Rehabilitation After Cardiovascular Diseases**

Cardiac rehabilitation (C.R.) should be part of routine management of all patients diagnosed to be suffering from a cardiovascular disorder. The WHO recognizes and endorses this. There is now enough proof of the impact of cardiac rehabilitation on the overall quality of life of cardiac patients that CR facilities ought to be provided where such do not exist.

Cardiac rehab does not necessarily involve setting up of a sophisticated physical facility with expensive equipment. It is quite possible to diagnose, prognosticate, give a risk stratification, carry out a physical reconditioning program, educate patients and their families about the ailment, and, in short help rehabilitate the patient back into their environment with very little equipment or expense.

What is sad is that while the developing countries and their population need such programs the most, these programs are most lacking in these very countries. The main reason for this seems the false impression that CR is a complicated and expensive affair that only the developed countries can afford. The earlier it is appreciated that this impression is incorrect, the sooner will the main mental barrier to developing these services break down. There are low cost programs and protocols available including the report of a recently concluded expert committee of the WHO.

Let no healthcare system in any country of the world enter the twenty first century without cardiac rehabilitation as part of routine management of all patients suffering from any cardiovascular ailment.

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Editor