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Editorial

Treatments for cardiomyopathies now and in the future

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EDITORIAL NOTE

Cardiomyopathy is a term that refers to a group of disorders that affect the muscles in the intestines. Early on, there may be few or no symptoms, but as the disease progresses, shortness of breath, fatigue, and leg edoema may develop as a result of the start of cardiac failure. It's possible that you'll experience an erratic heartbeat and faint. Those who are impacted have a higher risk of sudden cardiac death. Cardiomyopathy, dilated cardiomyopathy, restricted cardiomyopathy, arrhythmogenic right ventricular dysplasia, and Takotsubo cardiomyopathy are all types of cardiomyopathy (broken heart syndrome). The gut muscle thickens and enlarges in cardiomyopathy. The ventricles expand and weaken in dilated cardiomyopathy. The ventricle stiffens with restrictive cardiomyopathy.

In many cases, the root cause is unknown. Cardiomyopathy is usually hereditary, but only approximately a third of instances of dilated cardiomyopathy are. Alcohol, heavy metals, arteria coronaria illness, cocaine usage, and viral infections can all cause dilated cardiomyopathy. Amyloidosis, hemochromatosis, and a few cancer treatments can all cause restrictive cardiomyopathy. Extreme emotional or physical stress can lead to broken heart syndrome. Treatment is determined by the type of cardiomyopathy and, as a result, the degree of symptoms. Lifestyle modifications, drugs, and surgery are all options for treatment. A ventricular assist device or a heart transplant may be used during surgery. 2.5 million persons were affected by cardiomyopathy and myocarditis in 2015. Cardiomyopathy affects roughly one out of every 500 people, and dilated cardiomyopathy affects one out of every 2,500 people. They claimed the lives of 354,000 people, up from 294,000 in 1990. Children are more likely to have arrhythmogenic right ventricular dysplasia.

Dilated cardiomyopathy, cardiomyopathy, restricted cardiomyopathy, and arrhythmogenic right ventricular cardiomyopathy were the most common cardiomyopathies in 1995. Other cardiomyopathies, such as non-compaction cardiomyopathy, takotsubo cardiomyopathy, and numerous subtypes of already known cardiomyopathies, have been described in recent years. Different types of hypertrophy must be distinguished in cardiomyopathy. We'll include articles about various types of hypertrophy caused by various causes such as Amyloid cardiomyopathy and Fabry cardiomyopathy. Non-compaction ventricle is caused by an analogous gene for cardiomyopathy, which is included in our reviews.

Arrhythmogenic dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy, and arrhythmogenic left ventricular cardiomyopathy are now included in the definition of arrhythmogenic cardiomyopathies, which has altered in recent years. What's more essential is the undeniable truth that several genes, such as Filamin C, Lamin A/C, phospholamban, and RBM20, play an important role. We may bring in foreign specialists to produce major articles in this topic. The value of ajmaline testing in arrhythmogenic right ventricular cardiomyopathy and cardiomyopathy deserves its own paper in order to forecast the risk of life-threatening ventricular arrhythmias.

Because of the various stages of the disease, idiopathic dilated cardiomyopathy has sparked a lot of curiosity. In 2016, dilated cardiomyopathy caused by arrhythmias, non-dilated hypokinetic ventricle, and dilatation without contraction impairment were all described. Experts in the subject describe how far definition has progressed. Several cases of uncommon cardiomyopathies are classified as non-ischemic coronary failure with intact left ventricular ejection fraction and are treated with newer drugs such as tafamidis and, soon, mavacamten. Since 1995, much has changed in the definition of cardiomyopathies, as outlined in the current publications, with advances in genetics, pathophysiology, medical treatment, device use, and ablation techniques, and new therapeutic options are developing in the coming years.

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