

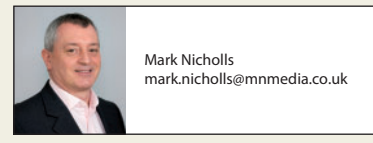
'The greatest challenge in our opinion', continued Prof. Sabatier, 'is to overcome psychological barriers and medico-legal aspects. For example, as is already done in some countries, arterial catheterization could rely on nurse skills and coronary angiograms could be performed by non-interventional cardiologists. A multidisciplinary team approach will be the goal for the success of such organization'.

The next step is the move toward Europe's first-in-man remote study on completion of the R-EVOLUTION study. The world's first-in-man long distance (20 miles) remote PCI was conducted in India in 2019. Robocath also has projects to improve robotic-assisted coronary angioplasty (including the robotic insertion of all devices without

manual assistance), and to carry out peripheral vascular interventions and interventional neuroradiology.

Durand and Sabatier concluded: 'We are very proud to have participated in this procedure and honoured by the trust that Robocath has placed in us to participate in the design and realization of this project'.

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Global Spotlights

Syrian Cardiovascular Association: Small Steps towards a Bright Horizon

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Two years ago, we happily reported that our Syrian Cardiovascular Association, after 7 years of war, had been reactivated on the international stage.¹ Additionally, we introduced our new Syrian Heart Failure (HF) working groups. These were the first steps towards our shared dream.

In 2019, and despite the many obstacles facing our country, our HF Working Group participated in the HF awareness days. Our activities took place from the end of April until the end of May. In cooperation with the Syrian Young Cardiovascular Association, we organized educational meetings for the young



Figure 1 The Syrian HF working group participation in the ESC HFA National Summit 2019 in Croatia.

physicians where important issues in heart failure were addressed.

To share the benefit and knowledge with other parts of our country, we organized an educational meeting in Aleppo. During this 3-day session, we covered the most important cardiological topics especially heart failure. Furthermore, we have also been utilizing social media as an important platform to deliver the ideas and information. Between 6 and 12 May, we had daily posts on all groups of the Syrian heart society on important publications or information related to HF. This campaign won the incomer price during ESC HFA National Summit 2019 in Dubrovnik (Figure 1). This price had a huge impact on our physician and especially young generation. This motivates us to participate in the EORP HF and NSTEMI registries and includes patients from Syria. Participation in professional registries has helped us to share our knowledge and experience in several advanced fields of cardiovascular medicine.

In November 2019, it was such a great pleasure for us to organize the 12th national Syrian Cardiovascular Congress. It was also great to

see excellent workshops be organized for the Syrian cardiologists, and it was quite energizing to see how our fellow doctors were passionate to learn and develop their skills in heart failure and devices field. The success of this conference was truly a team effort and the recognition goes to the entire team.

In 2020, despite the COVID-related logistic challenges and to bring our dreams closer to reality, we successfully held many hybrid virtual meetings to promote the communication between Syrian physicians and cardiologists in training (Figure 2). Also, two hands-on workshops of myocardial functional echo-imaging had been organized by the Syrian working group of cardiovascular imaging. In these workshops, participants discussed the newest techniques in cardiac imaging diagnosis and related clinical and research fields (Figure 3). Our aim was to continue to improve the work of specialists in all cardiac fields, thus improving the quality of care provided to cardiac patients.



Figure 2 The Autumn meeting for Syrian young cardiologists in Damascus, September 2020.



Figure 3 The workshop of myocardial functional echo-imaging in Damascus, December 2020.

Finally, all our activities which are accomplished after extensive planning and preparation, represent an ongoing message of hope to all Syrians that we can still dream, and turn our dreams into reality.

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Reference

1. Abdin A, Katbeh A. Message of hope from a country at war: the Syrian Cardiovascular Association is revived again after 7 years of inactivity. *Eur Heart J* 2019;**40**:233–234.

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Herbal medicine in cardiovascular medicine: a discussion of herbal medications described by the Persian physician, Avicenna

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For many years, the investigation of medicinal plants has been considered in the scientific communities for the development of new medications. Different plants and their phytomolecules have recently been introduced for the treatment of various diseases, especially cardiovascular disorders.¹ Reviewing historical evidence indicates that human-kind has used medicinal plants for the treatment of diseases since ancient times.² Although the oldest written record for the preparation of medicines is related to the Sumerian civilization, which dated back approximately 5000 years ago,^{2,3} archeological evidence elucidated that herbal medicinal products have been regularly used since prehistoric times in Iraq and China.³ Physicians of the ancient world were well accustomed to herbal medicines. Medicinal uses of plant-based agents were explained in medical manuscripts of ancient Greek scientists e.g. Dioscorides (40–90 AD) and Galen (129–200 AD), and afterward, a great Persian scholar called Avicenna (980–1037 AD) in the medieval era.² He had a significant expertise and experience in different fields of medicine, including cardiology and was named as ‘the Prince of Physicians’ in the West (Figure 1). Avicenna wrote a great comprehensive medical encyclopaedia entitled ‘*The Canon of Medicine*’, which was considered a textbook in European universities until the 17th century. In the third and fourth volumes of this book, he discussed the diseases of various body organs with a head-to-toe approach. Avicenna explained pathophysiology, clinical manifestations, and treatment methods of cardiovascular diseases in the third volume.⁴ In addition, he wrote another specific book in the field of cardiovascular medicines entitled ‘*The Treatise on Cardiac Drugs* (“*Risala fi al-Adwiyat al-Qalbiyah*”)’. In this book, Avicenna presented a brief explanation of some heart diseases and those psychological and mental reactions, which make an impact on cardiac functions.⁵ Furthermore, he devoted a chapter to introduce simple and compound cardioactive medicinal plants (Figure 2). According to Avicenna’s viewpoint, cardioprotective



Figure 1 A portrait of Avicenna and his tomb in Hamadan, Iran.

herbal medicines have prominent characteristics, including diuretic, diaphoretic, astringent, resolvent, and cleansing/purifying activities. Moreover, tonic herbs that have antidote/detoxifier effects are other cardioprotective agents.⁵ In addition, he has considered other basic principles for these cardioactive medications such as the taste and aroma.⁵

In traditional medicine, acrid ‘*Afis*’ is considered a basic taste that has originated from soil essence. It is believed that soil essence plays a significant role in strengthening the body organs and their functions, especially the heart. Therefore, other compound tastes such as astringency, bitterness, and sweetness, which arise from the acrid taste have tonic effects as well.⁶ Avicenna pointed out that among these tastes, the astringent taste has significant cardiotonic effects. He mentioned some