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**REPLY**

1. We agree that digoxin is not the number one drug for treatment of heart failure. Our article reiterates the same fact providing the scientific basis for it.
2. It is difficult to provide a time frame as to when to add a second drug for control of hypertension. These decisions have to be taken by the physicians for individual patients and our article only provides guidelines.
3. We agree with Dr Bansal that the concept of reno-protective low dose dopamine has been challenged in several studies(1,2). As mentioned in our article, dopamine, at low doses, increases renal blood flow by its action on dopaminergic receptors with minimal effect

on cardiac output or heart rate(3). Dopamine infusion has been shown to increase renal plasma flow during norepinephrine administration in adults(4,5). Two recent reports have further confirmed the beneficial effect of low dose dopamine on renal blood flow(6,7). Dopamine continues to be used in routine practice especially following cardiopulmonary bypass.

4. Regarding his comment on adverse effect of dopamine on gastric mucosal pH, increase in pulmonary shunt and immunosuppression, we would be very interested in the exact cross references.
5. The septic shock patients are hypotensive by definition and hence the algorithm is catered towards such cases. The comment on high SVR shock is well taken.

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