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S MuradHOD Pharmacology IMDC
and DANTH, Islamabad,
Pakistan**Seema**Gynecologist at NMC Karachi,
Pakistan**A Ghaffar**Social Welfare Officer at IMDC
and DANTH Islamabad,
Pakistan**G Mujtaba Abbasi**Director Hospital, DANTH,
Islamabad, Pakistan**A Qadir**AP Community Medicine at
KIMS, Pakistan**A Shafique**Consultant Pharmacist at MCC
Pharmacy, Islamabad,
Pakistan**Corresponding Author:****S Murad**HOD Pharmacology IMDC
and DANTH, Islamabad,
Pakistan

Decrease economic burden on low income group patients. How?

S Murad, Seema, A Ghaffar, G Mujtaba Abbasi, A Qadir and A Shafique

Abstract

The global cost of cardiovascular disease (CVD) is estimated at \$ 863 billion and is estimated to rise to \$ 1,044 billion in 2030. The American Heart Association has estimated the direct costs for CVD in the United States at \$195.6 billion, approximately 61 % of the total CVD-related healthcare cost. Additionally, hyperlipidemia was among the top 10 costliest medical conditions in 2008 in the US adult population. Presence of hyperlipidemia directly correlates with the risk of developing coronary heart disease (CHD) and future cardiovascular (CV) events. Less than half of adults with elevated low density lipoprotein cholesterol (LDL-C) levels receive treatment or are adequately treated and as a result, high-risk patients continue to remain at risk for new CV events. Modest reductions in CHD rates by decreases in saturated fat are possible if saturated fat is replaced by a combination of poly- and mono unsaturated fat, and the benefits of polyunsaturated fat appear strongest. However, little or no benefit is likely if saturated fat is replaced by carbohydrate, but this will in part depend on the form of carbohydrate. Because both N-6 and N-3 polyunsaturated fatty acids are essential and reduce risk of heart disease, the ratio of N-6 to N-3 is not useful and can be misleading. In practice, reducing red meat and dairy products in a food supply and increasing intakes of nuts, fish, soy products and nonhydrogenated vegetable oils will improve the mix of fatty acids and have a markedly beneficial effect on rates of CHD. This study was conducted to see hypolipidemic potential of two medicinal herbs. The research work was single blind placebo-controlled, conducted at Jinnah Hospital, Lahore It was conducted from January 2018 to June 2018. Seventy five already diagnosed primary and secondary hyperlipidemic patients were selected with age range from 17 to 65 years. Diabetes mellitus, cigarette smoking/alcohol addictive patients, peptic ulcer disease, hypothyroidism, kidney dysfunction, any heart disease and liver disease. All patients were divided in three groups (group-I, group-II, group-III), 25 in each group. All participant's baseline lipid profile data were taken and filed in specifically designed Performa, at start of taking medicine. Twenty five patients of group-I were advised to take 10 grams of Flaxseeds in three divided doses after meal. Twenty five patients of group-II were advised to take Ajwain seeds 10 grams in three divided doses after each meal for two months. Twenty five patients of group-III were provided placebo capsules, (containing grinded rice), taking one capsule after each meal. All participants were advised to take these medicines for eight weeks. Followup period: All participants were called fortnightly for their query and follow up. Their LDL-cholesterol, and HDL-cholesterol was determined at the hospital laboratory. In two months therapy by Flaxseeds decreased LDL-cholesterol from 195.11 ± 2.11 mg/dl to 190.22 ± 3.11 mg/dl, which is significant statistically. HDL was increased from 34.53 ± 1.65 mg/dl to 38.97 ± 2.29 mg/d, which is also significant change. In two months therapy by AJWAIN, LDL-c reduced from 201.51 ± 2.62 mg/dl to 197.11 ± 2.66 mg/dl, which is significant statistically. HDL-cholesterol increased by Ajwain from 36.97 ± 3.32 mg/dl to 37.45 ± 1.87 mg/dl, which is insignificant statistically. It was concluded from this study that Flaxseeds have more effect on HDL-c but Ajwain has lowest effect on this parameter.

Keywords: Yucatec maya, traditional medicine, plant use, herbalist

Introduction

Several studies have examined the economic burden of CV events, to our knowledge contemporary and long-term analyses concerning these event costs incurred by hyperlipidemic patients across a range of CVD risk levels is not available. Previous studies focused on short-term healthcare costs due to CV events and investigated patient populations diagnosed with acute coronary syndrome, hypertension, atherosclerosis or diabetes, but not hyperlipidemia. Furthermore, prior studies focused only on the initial CV event and therefore, limited data are available regarding recurrent and subsequent CV event costs. Prior studies have investigated the economic burden of CV events over various time periods;

however, incremental costs among hyperlipidemic patients with and without CV events, and in particular, costs stratified by CVD risk level and associated with myocardial infarction (MI), ischemic stroke (IS) unstable angina (UA), coronary artery bypass graft (CABG), percutaneous coronary intervention (PCI), heart failure (HF) and transient ischemic attack (TIA), all in one study, have not been previously examined [1]. Meta-analysis of previously conducted studies suggests an almost 2.5-fold rise in the prevalence of CAD in two decades from 3.6% in the 1970s to 9.5% in the 1990s in people aged ≥ 35 years in urban Pakistan. With increasing urbanisation in the subcontinent, CAD prevalence can only continue to rise, and this underlines the need to understand risks and determinants of disease in this population to inform preventive strategies. Various studies have reported that unlike European populations, the burden of cardiovascular risk factors in Indo-Asians, such as hypertension, diabetes, dyslipidaemia, obesity, including central obesity, and physical inactivity, are at least equivalent if not greater in women than in men. Atherosclerosis is commonly referred to as a "hardening" or "furring" of the arteries. It is caused by the formation of multiple atheromatous plaques within the arteries [2]. Flaxseed inhibits the production of pro-inflammatory cytokines, eicosanoids, cytokines and platelet-activating factor derived from arachidonic acid (an omega-6 fatty acid) and thus reduces inflammatory responses. One way that Alpha Linolenic Acid helps the heart is by decreasing the ability of platelets to clump together, a reaction involved in the development of atherosclerosis (hardening of the arteries), it acts as natural aspirin [3]. Flaxseed helps to lower high blood pressure, clears clogged coronaries like a sweeper, lowers high blood cholesterol, bad LDL cholesterol and triglyceride levels and raises good HDL cholesterol. Intake of flaxseeds has also been shown to decrease the ratio of LDL to HDL cholesterol in several human studies and to increase the level of apolipoprotein A1, which is the major protein found in HDL cholesterol [4]. Flaxseeds prevent clot formation in arteries, which may result in strokes, heart attacks and thrombosis. Omega-3 Fatty acids present in Flaxseed appear to enhance the mechanical performance and electrical stability of the heart and to protect against fatal arrhythmias [5-7]. Further, studies reveal the presence of various phytochemical constituents mainly carbohydrates, glycosides, saponins, phenolic compounds, volatile oil (thymol, γ -terpinene, para-cymene, and α - and β -pinene), protein, fat, fiber and mineral matter containing calcium, phosphorous, iron and nicotinic acid. These studies reveal that T. ammi is a source of medicinally active compounds and have various pharmacological effects; hence, it is encouraging to find its new therapeutic uses [7-9]. The constituents of the seed of Ajwain included carbohydrates (38.6%), fat (18.1%), protein (15.4%), fiber (11.9%), tannins, glycosides, moisture (8.9%), saponins, flavone, and mineral matter (7.1%) containing calcium, phosphorous, iron, cobalt, copper, iodine, manganese, thiamine, riboflavin, and nicotinic acid [10, 11]. Antiplatelet-aggregatory experiments in vitro with blood from human volunteers, it that a dried ethereal extract of Ajwain seeds, inhibited aggregation of platelets induced by arachidonic acid, collagen and epinephrine [12]. Similarly, a study in rats found that carom seed extract was effective in lowering total cholesterol, triglyceride, and LDL (bad) cholesterol levels while also increasing levels of heart-protective HDL

(good) cholesterol [13].

Patients & Method

The research work was single blind placebo-controlled, conducted at Jinnah Hospital, Lahore from January 2018 to June 2018. Seventy five already diagnosed primary and secondary hyperlipidemic patients were selected with age range from 17 to 65 years. Exclusion criteria were, diabetes mellitus, cigarette smoking/alcohol addictive patients, peptic ulcer disease, hypothyroidism, kidney dysfunction, any heart disease and liver disease. All patients were divided in three groups (group-I, group-II, group-III), 25 in each group. Their baseline lipid profile data was taken and filed in specifically designed Performa, at start of taking medicine. Twenty five patients of group-I were advised to take 10 grams of Flaxseeds in three divided doses after meal. Twenty five patients of group-II were advised to take Ajwain seeds 10 grams in three divided doses after each meal for two months. Twenty five patients of group-III were provided placebo capsules, (containing grinded rice), taking one capsule after each meal. All participants were advised to take these medicines for eight weeks. All participants were called fortnightly for their query and follow up. Their LDL-cholesterol, and HDL-cholesterol was determined at the hospital laboratory. After two months therapy results were compared and data were expressed as the mean \pm Standard Deviation and 't' test was applied to determine statistical significance as the difference. A probability value of <0.05 was considered as non-significant and $P < 0.01$ was considered as significant change in the results when pre and post-treatment results were compared.

Results

When results were compiled and statistically analyzed it was observed that Flaxseeds and Ajwain decreased LDL-cholesterol, and increased HDL-cholesterol significantly as compared to placebo therapy. Before treatment and after treatment values and results are shown in table 1, 2 and 3.

Table 1: showing effects of Placebo therapy before and after treatment with its statistical significance in Group-III patients (n=25)

LDL-c	188.11 \pm 1.06	187.77 \pm 2.51	0.3	>0.05
HDL-c	30.78 \pm 2.65	31.39 \pm 1.66	0.6	>0.05

Table 2: showing effects of Flaxseeds before and after treatment with its statistical significance in Group-I patients (n=22)

Parameter	At start	At end	Diff	p-value
LDL-c	195.11 \pm 2.11	190.22 \pm 3.11	4.9	<0.01
HDL-c	34.53 \pm 1.65	38.97 \pm 2.29	4.4	<0.01

Table 3: showing effects of Ajwain before and after treatment with its statistical significance in Group-II patients (n=24)

LDL-c	201.51 \pm 2.62	197.11 \pm 2.66	4.4	<0.01
HDL-c	36.97 \pm 3.32	37.45 \pm 1.87	0.5	>0.05

KEY: All values are measured in mg/dl. LDL-c= low density lipoprotein cholesterol, HDL-c= high density lipoprotein cholesterol. P-value <0.01 stands for significant change, P-value <0.05 stands for non significant change. n stands for sample size.

Discussion

Almost 31 % of the world population is projected to be diagnosed with some form of CVD by 2030. These factors result in a substantial clinical and economic burden in terms

of direct healthcare utilization and costs. The greater prevalence of definite CAD in men is largely due to the effect of smoking exposure, which owing to its substantially higher prevalence in men, overwhelms the impact of the greater prevalence of the metabolic syndrome in women. Angina is the most common symptom of CAD. Flaxseeds and Ajwain are thought to inhibit these pro-inflammatory effects in human body. In our results using 10 grams of Ajwain by 24 hyperlipidemic patients for the period of two months, LDL-c reduced from 201.51 ± 2.62 mg/dl to 197.11 ± 2.66 mg/dl. Difference in pre and post treatment values is 4.4 mg/dl. Increase in HDL was 0.5 mg/dl, which is non significant change in pre and post treatment values. In our study Flaxseeds decreased LDL-c from 195.11 ± 2.11 to 190.22 ± 3.11 mg/dl in two months therapy by 10 grams Flaxseeds used by 22 hyperlipidemic patients. Difference in pre and post treatment values is 4.9 mg/dl in this parameter. HDL was increased from 34.53 ± 1.65 to 38.97 ± 2.29 mg/dl. Difference in percentage when measured/calculated it was 4.4 mg/dl which is significant biostatistically with p-value < 0.01 . These results match with results of study conducted by Cho Y *et al.* [17] who proved almost same effects on two lipid profile parameters ie; LDL-cholesterol and HDL-cholesterol. Chaudhury S [18] proved same changes in LDL-cholesterol and HDL-cholesterol which also support our results biostatistically. Nagalakshmi S *et al.* [19] explained that all herbs with their therapeutically medicinal potential will work when used in high amount and for long period. Jenkins D *et al.*, [20] described that Flaxseeds or its oil preparation have same effects on all parameters of lipid profile. On comparison between statins and herbal medicine having hypolipidemic effects. Kelley DS *et al.*, [21] explained that there is too much difference in hypolipidemic effects of allopathic medication and herbs, having less potent hypolipidemic features of herbal medications. Shahidi F and Miraliakba H [22] proved that all parameters of lipid profile including total, LDL-cholesterol, HDL-cholesterol, VLDL-cholesterol, IDL and triglycerides are affected by Flaxseeds oil preparations. They have focused on inhibition of enterohepatic circulation of bile acids and explained that due to lack of bile acid pool in gall bladder, hepatocytes start to synthesize bile acids instead of cholesterol synthesis. Many scientist proved that if used Flaxseeds with dietary restrictions and change in sedentary life style, HDL-cholesterol will increased surely. They explained that if only one parameter of lipid profile ie; HDL-cholesterol is increased, all other parameters in ratio will obviously be reduced leading to lesser chances of development of CAD. According to some scientists anti-inflammatory effects of Flaxseeds play key role in prevention of atherosclerosis and CAD. If sedentary life style is changed by hyperlipidemic patients, very small but regular amount of Flaxseeds are required to stay at preventive step of coronary artery disease due to Hyperlipidemia. High LDL-cholesterol has close concerned with pro-inflammatory responses leading to platelet aggregation [1, 8, 13]. There's a type of hyperlipidemia that you can inherit from your parents or grandparents. It's called familial combined hyperlipidemia. Familial combined hyperlipidemia causes high cholesterol and high triglycerides. People with this condition often develop high cholesterol or high triglyceride levels in their teens and receive a diagnosis in their 20s or 30s [23].

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