

- A Review of Cardiovascular disorders
- Convallaria majalis
- Homeopathic Remedies for Heart Troubles
- Homeopathy In Hypercholesterolemia

HomeoBuzz

CONTINUING MEDICAL INFORMATION

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Dear Readers,

Health is wealth, and this is the lesson learnt well in recent times by all of us. Happiness and contentment are the two main pillars of a healthy mind and eventually a fit body.

The shadow of Covid-19 world episode is larger and darker than its actual existence, and no-one remained clear of its impact. But few got struck harder, corporally as well as psychologically. Homoeopathy endorses the idea of health and disease phenomena where it is believed that a disease can only break in if immunity of individuals is compromised and the role of psychology on dampening immunity is strongly evident. Thus taking care of emotions is equally important to taking care of one's body and fortunately homoeopathy takes care of both, if instrumented well by a proficient homoeopath.

Homoeopathy upgraded the art of medicine from empirical to scientific stage hence most of homoeopathic drugs have been used since ages like alfalfa, ginseng and avena sativa which are efficient de-stressors, immunity and health boosters. These are the vital constituents of B.Jain's Alfalfa malt, picked from their natural habitats. Ginseng is specially imported to maintain the goodness of genuine herb and infuse the same in our malt and other products. Our medicines, made from authentic sources are effective shields against harmful effects of stress and germs, be it alfalfa malt or arsenicum album tablets. On the directives of AYUSH ministry, Arsenicum album has been successfully used as a preventive from ILI which also include Covid-19. Keeping its utility in view, we bring forth Arsenicum album 30 in tablets to add convenience and minimize incorrect dosing.

Our endeavors are driven by our faith in Homoeopathy and love for our fellow beings, who must experience goodness of homoeopathic remedies, made in India.

Kuldeep Jain
Chief Editor

Dear Doctors,

Heart is the king of vital organs hence cardiac care is of prime importance to stay fit for long. Cardiovascular diseases(CVD) are major contributor of lifestyle disorders, the resulting fatality and impoverished Quality of Life. CVD wrap in coronary artery diseases (CAD), stroke, heart failure, hypertensive heart disease, rheumatic heart disease, cardiomyopathy, abnormal heart rhythms, congenital heart disease, valvular heart disease, carditis, aortic aneurysms, peripheral artery disease, thromboembolic disease, and venous thrombosis.

Cholesterol is considered pernicious and a major risk factor for CAD, if uncontrolled but the fact is that, it is vital for life, under moderation. Our body gets its dose of cholesterol from its own cells and from dietary intake. Cholesterol is important to maintain the cell integrity as it provides cellular strength and rigidity and helps in digesting food, producing hormones and generating vitamin D. But as a famous saying goes, excess of anything is bad; same is the case with the cholesterol level in the body, which poses the risk of coronary artery disease in increased quantity beyond threshold. B.jain's Guatteria gaumeri is a pioneer product for regulating lipid profile naturally, safely and effectively. But function of heart can get affected from other conditions too which will be seen in detail in this issue.

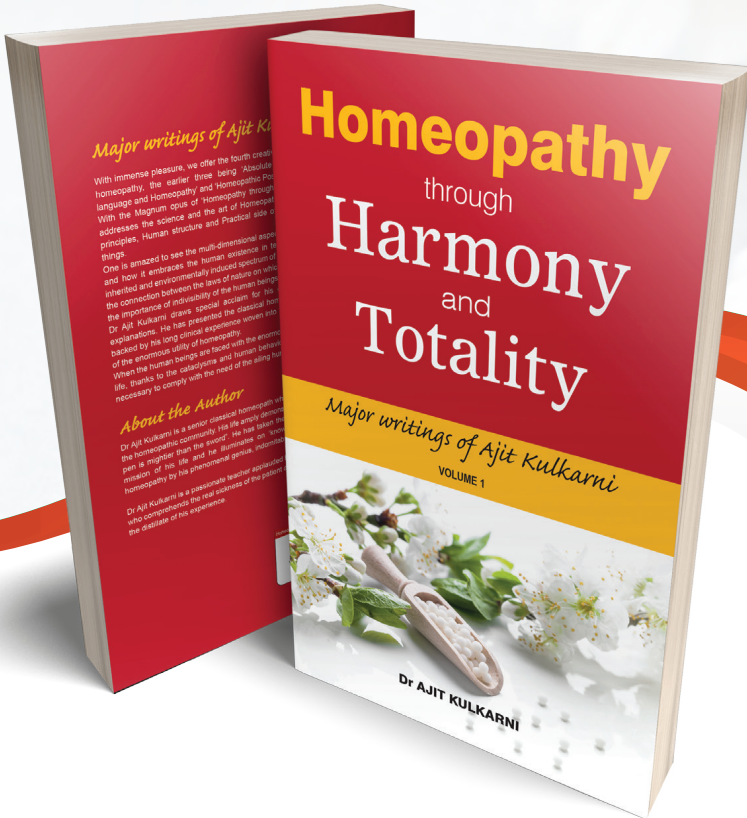
Medicines are instruments which help a person safeguard his/her health from noxious effects of stress and resulting diseases. But they can never supersede the benefits of following a healthy lifestyle which is the ultimate shield against all diseases. Falling for delicacies and lethargy is the biggest trap that must be ditched as storing less and eliminating more is the key to fitness which is achievable through a regulated diet and regular exercise.

Dr. Vasundhara
Editor

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A REVIEW OF CARDIOVASCULAR DISORDERS

The WHO reports, Cardiovascular diseases (CVDs) as the number 1 cause of death globally, resulting in an estimated 17.9 million deaths each year. CVDs are a group of disorders of the heart and blood vessels and include coronary heart disease, cerebrovascular disease, rheumatic heart disease and other conditions. 85% of CVD deaths are due to heart attacks and strokes, and one third of these deaths occur prematurely in people under 70 years of age.¹

Raised blood pressure, glucose, and lipids as well as overweight and obesity are co-morbidities as well as risk factors for developing cardiovascular diseases. Identification of these at primary care facilities ensures spotting out individuals at highest risk of CVDs. Early identification of high at risk population and providing guidance and appropriate treatment to them can help to prevent premature deaths.¹

Prompt recognition of the development of heart disease is limited by two key factors. Firstly, it is often latent; coronary artery disease can proceed to an advanced stage before the patient notices any symptoms. Secondly, the diversity of symptoms attributable to heart disease is limited, so different pathologies may frequently present with the same symptoms.²

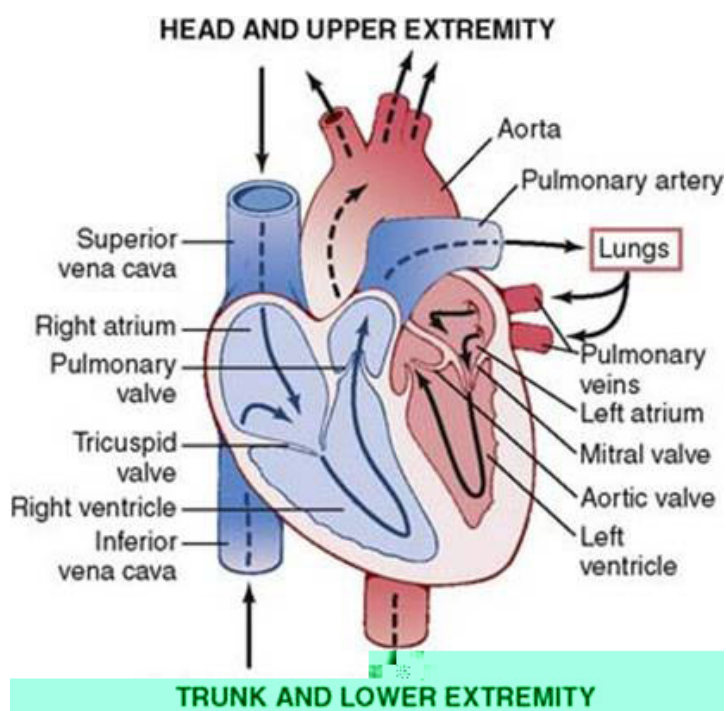


Figure 1

PATHWAY OF BLOOD CIRCULATION IN HEART

by the RV. In disease states or congenital cardiac abnormalities, the silhouette may change as a result of hypertrophy or dilatation.²

BLOOD & NERVE SUPPLY

The blood supply to heart is through Right (RCA) and Left Main Coronary artery (LCA) which emerge from aortic root. Within 2.5 cm of its origin, the left main coronary artery divides into the left anterior descending artery (LAD), and the left circumflex artery (CX). The LAD artery supplies lateral, anterior and apical walls of left ventricle and anterior portion of interventricular septum. The CX artery supplies lateral, posterior and inferior portion of left ventricle. Branches of The right coronary artery (RCA) supply the RA, RV and inferoposterior aspects of the LV.

THE HEART

The heart acts as two serial pumps that share several electrical and mechanical components. The right heart circulates blood to the lungs where it is oxygenated, and the left heart circulates it to the rest of the body (Figure 1). The right atrium (RA) receives blood from the superior and inferior venae cavae and the coronary sinus. The LA receives blood from four pulmonary veins, two from each of the left and right lungs.²

Normally, the heart occupies less than 50% of the transthoracic diameter in the frontal plane, as seen on a chest X-ray. On the patient's left, the cardiac silhouette is formed by the aortic arch, the pulmonary trunk, the left atrial appendage and the LV. On the right, the silhouette is formed by the RA and the superior and inferior venae cavae, and the lower right border is formed

Posterior descending artery, a branch of Right Coronary artery in 90% subjects supplies blood to inferior part of interventricular septum. RCA also supplies blood to SAN in 60% cases and AVN in 90% individuals. Proximal occlusion of the RCA therefore often results in sinus bradycardia and may also cause AV nodal block. Occlusion of any branch of coronary arteries results in infarction of the area irrigated by them. Occlusion of left main coronary artery is usually fatal.²

The nerve supply to SAN is by Autonomic nervous system and controlled by circulating catecholamines. During fever, exercise and emotional stress the heart gets sympathetic stimulus via adrenergic nerves. These stimulate β_1 adrenoceptors to result in positive inotropic (increased contractility) and chronotropic (increased heart rate) effect. It also increases rate of conduction through AVN (dromotropic) and increases relaxation of heart muscles (lusitropic) during diastole. Contrary to this, sympathetic stimulation of β_2 adrenoceptors in vascular smooth muscles causes vasodilatation. During rest the parasympathetic inhibitory effect via vagus nerve slows down heart rate.²

Presenting complaints of cardiovascular diseases:

- **Chest Pain On Exertion** – Exertional chest pain is a typical presenting symptom of coronary artery disease and is the hallmark of angina pectoris. A careful history is crucial in determining whether chest pain is cardiac or not. The reproducibility, predictability and relationship to physical exertion (and occasionally emotion) of the chest pain are the most important features. A recent-onset angina should not be missed as it is riskier than the one with long-standing and unchanged symptoms. On physical examination features of hyperlipidemia like xanthoma, xanthelasma may be evident. Signs of anemia and thyrotoxicosis should be looked out for as they can exacerbate angina. Cardiovascular examination may reveal evidence of left ventricular dysfunction or cardiac murmurs in patients with aortic valve disease and hypertrophic cardiomyopathy and bruits and loss of peripheral pulses in arterial disease.²
- **Severe Prolonged Chest Pain** - This may be due to acute myocardial infarction or to unstable angina, collectively termed as the acute coronary syndromes. Acute coronary syndrome is suggested by a previous history of stable angina but an episode of acute severe chest pain at rest can be the first presentation of coronary artery disease. For correct diagnosis analyses of the character of the pain and its associated features is crucial. Physical examination may reveal signs of risk factors for coronary artery disease, and pallor or sweating, which is typical of acute coronary syndrome. Other features, such as arrhythmia, hypotension and heart failure, may occur.²
- **Breathlessness** - Cardiac causes of breathlessness include cardiac arrhythmias, acute and chronic heart failure, acute coronary syndrome, valvular disease, cardiomyopathy and constrictive pericarditis. The differential diagnosis of breathlessness includes many non-cardiac causes such as Asthma, COPD, Pneumothorax, Lung Cancer, Pneumonia, severe Anaemia, Obesity, Psychogenic Hyperventilation etc.²
- **Syncope** - The term 'syncope' refers to loss of consciousness due to reduced cerebral perfusion.
- **Palpitation** - It is a common symptom usually resulting from a disorder of cardiac rhythm. Patients may describe palpitation as an unusually erratic, fast, slow or forceful heart beat, or even chest pain or breathlessness. Recurrent but short-lived bouts of an irregular heart beat are usually due to atrial or ventricular extrasystoles (ectopic beats). Some patients describe it as a 'flip' or a 'jolt' in the chest, while others report dropped or missed beats. Extra systoles often occur during periods of stress or debility; they can be triggered by alcohol or nicotine. Discrete bouts of a very rapid (over 120/min) heart beat can be due to a paroxysmal supraventricular or ventricular tachycardia. Episodes of atrial fibrillation typically present with irregular and usually rapid palpitation. Episodes of a pounding, forceful and relatively fast (90–120/

A REVIEW OF CARDIOVASCULAR DISORDERS

min) heart beat are a common manifestation of anxiety. These may also reflect conditions of anaemia, pregnancy and thyrotoxicosis, or in valve disease such as aortic regurgitation.²

- **Cardiac Arrest** - Cardiac arrest describes the sudden and complete loss of cardiac output due to asystole, ventricular fibrillation, or loss of mechanical cardiac contraction. The clinical diagnosis is based on the victim being unconscious and pulseless; breathing may take some time to stop completely after cardiac arrest. Death is virtually inevitable, unless effective treatment is given promptly. Coronary artery disease is the most common cause of cardiac arrest. Ventricular fibrillation or ventricular tachycardia is common in the first few hours of MI and many victims die before medical help is sought. Hence educating the public to recognize a cardiac arrest, provide basic life support and seek medical help quickly is extremely important.²

Basic life support In a sudden encounter with suspected cardiac arrest patient, the ABCDE approach to management should be followed which involves prompt assessment and restoration of the **A**irway, maintenance of ventilation using rescue **B**reathing ('mouth-to mouth' breathing), and maintenance of the **C**irculation using chest compressions; **D**isability, in resuscitated patients, refers to assessment of neurological status, and **E**xposure entails removal of clothes to enable defibrillation, auscultation of the chest, and assessment for a rash caused by anaphylaxis, for injuries. Basic Life Support aim to maintain a low level of circulation until more definitive treatment with advanced life support can be given. Chest compression-only ('hands-only') cardiopulmonary resuscitation (CPR) can be done alone till any aid is reachable.²

Advanced life support Advanced life support (ALS) aims to restore normal cardiac rhythm by defibrillation when the cause of cardiac arrest is a tachyarrhythmia, or to restore cardiac output by correcting other reversible causes of cardiac arrest.²

The Chain of Survival



This term refers to the sequence of events that is necessary to maximise the chances of a cardiac arrest victim surviving. Survival is most likely if all links in the chain are strong: that is, if the arrest is witnessed, help is called immediately, basic life support is administered by a trained individual, the emergency medical services respond promptly, and defibrillation is achieved within a few minutes.²

- **Abnormal Heart Sounds** – These can be the first indications of an underlying heart disease incidently discovered during a routine examination. The aims of clinical assessment are, firstly, to determine if the abnormal sound is cardiac; secondly, to determine if it is pathological; and thirdly, to try to determine its cause. Additional sounds and murmur associated with cardiac cycle should be differentiated from pleural rub, pericardial friction or venous hum.²
- **Heart Failure** – It is a clinical syndrome where the heart fails to maintain adequate output or can only do so at the expense of raised ventricular filling pressure. Clinically a heart failure may be diagnosed when a patient with significant heart disease develops the signs and symptoms of a low cardiac output, pulmonary congestion or systemic venous congestion at rest or on exercise. Heart failure can be only on left side, right side or biventricular failure.²

Investigations

A full blood count, fasting blood glucose, lipids, thyroid function tests, Chest X-Ray and a 12-lead ECG are the most important baseline investigations. An exercise ECG is helpful in identifying high-risk patients. CT coronary angiography is used to diagnose the cause of chest pain if exercise ECG is normal. Echocardiography is done to check valve disease or cardiomyopathy in case of detection of murmurs. For acute coronary syndrome a 12 lead ECG is mandatory along with measurement of serum troponin I or T. ST segment elevation or depression on ECG and an elevated level of troponin I or T, demonstrates myocardial damage.²

Management

Basic management of all CVD includes managing co-morbidities like hypertension, diabetes, nephropathy, obesity and dyslipidemia with healthy eating and living routine.

Reduction of dietary saturated fats, salts and alcohol consumption while increasing the green potions, fruits, nuts and wholegrains and taking lean meat like fish and chicken is helpful.

Besides diet, exercise helps in elimination of toxins and weight reduction. Dedicated cardiorespiratory exercises strengthen the cardiac and respiratory muscles and open up coronary collaterals.

Medications like ACE inhibitors, Angiotensin receptor blocker, diuretics, beta-adrenoceptor blockers, digoxin etc. are used in conventional management of CVD.²

References:

1. Cardio Vascular Diseases; https://www.who.int/health-topics/cardiovascular-diseases#tab=tab_1; accessed on 22-7-2020
2. STUART H RALSTON et al., Davidson's Principles and Practice of Medicine; 23rd Edition



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References:

*Dr. Niraj Parikh, Dr. Devang Parikh; Role of Homoeopathy in Covid-19 management – A Clinical experience; Article in World Journal of Pharmaceutical Research • May 2020 DOI: 10.20959/wjpr20205-17504

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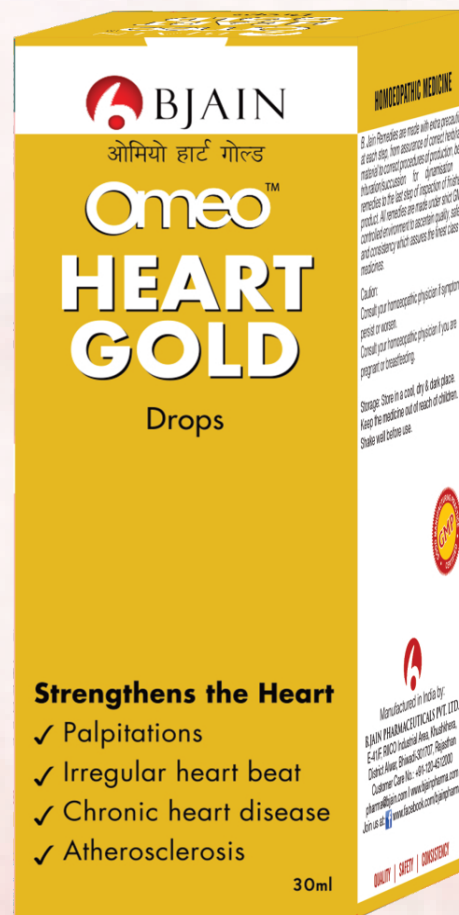
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- Palpitations
- Irregular heart beat
- Atherosclerosis

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Crataegus oxyacantha	Ø	40% v/v
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Convallaria majalis

(lily of the valley)



Botanical Name : Convallaria majalis Linn.

Family : Liliaceae.

Known : Eng: Lily of the valley; French: Muquet; Ger: Maiblame.

Part used : Whole plant.

CLINICAL : Diarrhoea. Heart, affections of. Herpes. Pruritus vulvae. Vomiting (of pregnancy).¹ A heart remedy. Increases energy of heart's action, renders it more regular. Dyspnoea, dropsy, anuric tendency. Anasarca.²

Indications:

- ✓ Convallaria is a popular remedy in Russia for heart affections. It compares closely in its action with *Lilium tigrinum*.¹
- ✓ Eyes: Sees imaginary grey spots about 3 in. square in different parts of the room on coming in from a walk. When reading sees small words (as "the," "it," "too,") before beginning of sentence, when they are not there. P is substituted for other letters.¹
- ✓ Face and lips sore, crop of small hydroa, feel raw.¹
- ✓ Grating of teeth in the morning. Coppery taste.²
- ✓ Gurgling and pain on taking deep breath. Movement in abdomen like fist of a child.²
- ✓ Tobacco heart, especially when due to cigarettes. Angina pectoris.²
- ✓ Great soreness in uterine region with sympathetic palpitations of heart. Pain in sacro-iliac joints, running down leg. Itching of urinary meatus and vaginal orifice.³
- ✓ This medicine, according to Hale and others, is most indicated when it is necessary to restore the balance of the right side of the heart. It gives great relief in dyspnoea, in cases of emphysema, fibrous and chronic phthisis, and in the orthopnoea of mitral disease, increasing the flow of urine.⁴
- ✓ "When exercising, heart would flutter for about a minute, then the face would get red, and then there was a sensation as if the heart stopped beating, and started again very suddenly, causing a faint feeling." "Pulse full, compressible and intermittent." "Great pain in the heart."⁴ Symptoms >> after lying down.¹
- ✓ Blotches like mosquito-bites, itching violently, on undressing scratches till the skin comes off.¹

Prescribed dose: Third attenuation, and for symptoms of heart failure, tincture, one to fifteen drops.²

References:

1. CLARKE J. H., Dictionary of Practical Materia Medica
2. BOERICKE W., Pocket Manual of Homeopathic Materia Medica
3. MURPHY R., Homeopathic Remedy Guide
4. CLARKE J. H., Diseases of the Heart Arteries

HOMEOPATHIC REMEDIES FOR HEART TROUBLES**1. Adonis vernalis**

- Under its action the cardiac contractions increase in force, the pulse becomes less frequent, more regular and full, the urine increases in quantity and albumen and casts disappear.⁸
- This remedy will be found of service when dilatation of the heart is taking place, as indicated by the diminished heart's action and the lowering of the blood pressure generally.⁹
- Dose - Five to ten drops of the tincture.²

2. Aurum metallicum

- Great weight on chest; esp. heavy weight on sternum. Much congestion in the chest.³
- Floundering heart. Anxious palpitation of the heart, from congestion to the chest.³
- Arteriosclerosis, high blood pressure, nightly paroxysms of pain behind sternum.⁴
- Prescribed dose : 3x and higher.⁵

3. Aurum muriaticum

- This remedy produces an increased activity of the the heart's action. The least exertion produces a sensation of a crushing weight under the sternum. The heart and arteries often show degeneration.⁹
- It is indicated by hypertrophy of the heart, congestion to the chest and head, strong palpitation. Paraesthesias about the heart, stitches and heaviness. It seems to have a special affinity to the arteries of the head.¹⁰
- Prescribed dose : 3x, 4x and 6th.⁵

4. Baryta carb

- Diseases of old men when degenerative changes begin; - cardiac vascular and cerebral.²
- Palpitation and distress in region of heart.²
- Accelerates the heart's action at first, blood pressure much increased, contraction of blood vessels.²
- Prescribed dose: Third to thirtieth potency

5. Cactus grandiflorus

- Acts best in the incipency of cardiac incompetence.²
- Violent palpitation; worse lying on left side, at approach of menses.²
- Constriction; very acute pains and stitches in heart; pulse feeble, irregular, quick, without strength.²
- Low blood pressure.²
- Dose - Tincture (best made from flowers), to third attenuation.²

6. Crategus oxycantha

- Acts on muscle of heart, and is a heart tonic.²
- Produces giddiness, lowered pulse, and air hunger and reduction in blood-pressure.²
- High arterial tension.²
- Palpitation and rapid action of heart.³
- Dose - Fluid extract or tincture, one to fifteen drops.²

7. Camphora

- Pictures a state of collapse. Icy coldness of the whole body; sudden sinking of strength; pulse small and weak.²
- As a heart stimulant for emergency use of Camphor is the most satisfactory remedy.²
- Anxiety at heart. Diminished circulation of the blood to the parts most distant from the heart.³
- Dose - Tincture, in drop doses, repeated frequently, or smelling of Spirits of Camphor. - Potencies are equally effective.

8. Convallaria majalis

- Increases energy of hearts' action, renders it more regular.²
- Sensation as if heart ceased beating, then starting very suddenly.²
- Most indicated when it is necessary to restore the balance of the right side of the heart.⁸
- Dose - Third attenuation, and for symptoms of heart failure, tincture, one to fifteen drops.²

9. Digitalis

- The pulse is weak, irregular, intermittent, abnormally slow, and dropsy of external and internal parts. Weakness and dilatation of the myocardium.²
- Its greatest indication is in failure of compensation and especially when auricular fibrillation has set in. Slow pulse in recumbent posture, but irregular and dicrotic on sitting up.²
- Auricular flutter and fibrillation especially when subsequent to rheumatic fever.²
- Cardiac muscular failure when asystole is present. Stimulates the heart's muscles, increases force of systole, increases length.²
- Prescribed dose: The third to thirtieth attenuation will bring about reaction when the drug is homoeopathically indicated; but for palliative purposes the physiological dosage is required.⁵

10. Naja tripudians

- Visible palpitations. Dragging and anxiety in precordia. Feeling of weight on heart.⁴
- Hypertrophy, weakness. Valvular disorders.⁴
- Damaged heart after infectious diseases. Marked symptoms of low tension.⁴
- Blood pressure low. Threatened paralysis of heart, body cold.⁴
- Dose - Sixth to thirtieth potency.²

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Compiled by:
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ROLE OF HOMOEOPATHY IN REDUCING CHOLESTEROL

Dyslipidemia is an error of fat metabolism leading to unhealthy levels of one or more kinds of lipid (fat) in blood. Lipids in blood are categorized as three main types:

High-density lipoprotein (HDL)

Low-density lipoprotein (LDL)

Triglycerides

Dyslipidemia, usually results in increase in LDL levels or triglycerides along with a reduction in HDL levels.

Plasma lipoprotein levels are major modifiable **risk factors for cardiovascular disease**. Increased levels of atherogenic lipoproteins (especially LDL) contribute to the development of atherosclerosis. The combination of LDL and apolipoprotein is regarded as atherogenic because its plasma concentration is an independent risk factor for cardiovascular disease. The atherogenic trait of LDLs is due to their role in formation of foam cells and eventually plaques which block fine capillaries of heart and brain, resulting in angina and stroke.

Lipoproteins trigger a self-perpetuating inflammatory response, triggering the macrophages to take them up and form **foam cells**, a hallmark of atherosclerotic lesions. These processes adversely affect endothelial function too.

Contrary to this, HDL removes cholesterol from the tissues to the liver, where it is metabolised and excreted in bile. Consequently, low HDL cholesterol levels, which are often associated with TG elevation, are also associated with atherosclerosis.¹

Overt or subclinical **hypothyroidism** may cause hypercholesterolemia, and so measurement of thyroid function is warranted in most cases, even in the absence of typical symptoms and signs. Once secondary causes are excluded, primary lipid abnormalities may be diagnosed. Primary lipid abnormalities can be classified as: hypercholesterolaemia, hypertriglyceridaemia and mixed hyperlipidaemia.

Hypercholesterolemia- Along with other signs of disturbance in lipid metabolism, visible signs include corneal arcus and xanthelasma. Familial Hypercholesterolemia(FH) is a more severe disorder where the affected patients suffer from severe hypercholesterolaemia and premature cardiovascular disease. Xanthomas of the Achilles or extensor digitorum tendons are strongly suggestive of FH. The onset of corneal arcus before age 40 is also suggestive of this condition.¹

Hypertriglyceridemia – Excess alcohol intake, medicines like β -blockers and retinoids, type 2 diabetes, Impaired glucose tolerance and central obesity, impaired absorption of bile acids are the prime factors for development of Hypertriglyceridemia. These factors, specially excessive alcohol and dietary fat intake precipitate massive increase in TG levels, which, if they exceed 10 mmol/L (880 mg/dL), may pose a risk of **acute pancreatitis**. Recessively inherited forms of severe hypertriglyceridaemia, occurring due to **gene mutation** is not readily amenable to drug treatment. They can present in childhood and may be associated with episodes of acute abdominal pain and pancreatitis. ¹

Mixed hyperlipidaemia – The term ‘mixed’ usually implies the presence of hypertriglyceridaemia, as well as an increase in LDL-C or IDL. Both components of mixed hyperlipidaemia may contribute to the risk of premature cardiovascular disease as well as peripheral vascular disease. It may also result in the formation of palmar xanthomas, tuberous xanthomas or tendon xanthomas.

Evidence of Homoeopathic Role in Hypercholesterolemia

Case Records, pre-clinical and observational studies and recent clinical trials have shown evidence

HOMEOPATHY IN HYPERCHOLESTEROLEMIA

of effectiveness of Homoeopathic medicines in regulating cholesterol levels in blood.

An in vitro study was done on three groups of monkeys - A, B and C, who were given **Cholesterinum 3X**, clofibrate and no medication respectively. In this study cholesterinum 3X was found to be effective in lowering cholesterol levels of the group of monkeys it was given to.²⁽³⁾

Another study was conducted to ascertain the role of anti-obesity activity of **Fucus vesiculosus** on Wiser rats who were induced with obesity through cafeteria diet for 42 days. This resulted in significant increase in body weight, TC, TG, LDL and VLDL and a reduction in HDL level along with significant reduction in locomotor activity. When treated with **Fucus vesiculosus**, normal locomotor activity could be restored along with other improvement in other changes in Wiser rats.³

Similarly **Baryta carbonicum** and **Baryta muriaticum** were used in a preclinical study on chickens and were shown to have successfully reduced their lipid level. In another one homoeopathic medicine **S.jambolanum** was tried upon streptozhoin induced diabetic rats to see the effect upon carbohydrate and lipid metabolism, where the medicine **S.jambolanum** was shown to be protective against diabetic induced carbohydrate and lipid dysmetabolism.³

In an early paper on hypercholesterolemia a combination of homoeopathic drugs **Calcarea carb 6**, **Phosphorus 6** and **Thuja 30** was given to 57 patients with blood cholesterol level between 250 and 350 mg% and the combination was seen to bring down cholesterol level of all patients below 250 mg%. A follow up for 2 years with 6 monthly estimation of blood cholesterol was done on these patients. They were found static proving the efficacy of this combination.³

In another study on lipoproteinemia, 322 patients were given individualized homoeopathic treatment. Of these 290 patients improved their lipid profile with this intervention. Patients were included if their TC > 200 mg/100 ml, TGL > 170 mg/100 ml, HDL < 35 mg/100 ml, LDL > 150 mg/100 ml, and VLDL > 50 mg/100 ml. Homoeopathic medicines **Lycopodium clavatum**, **Calcarea carbonica**, **Pulsatilla**, **Rhus tox**, **Sulphur**, and **Nux vomica** were found to be effective.³

Recently a study was conducted upon a group of 29 subjects with mild to moderate hypercholesterolemia with or without statin therapy. These patients were given 10-15 drops of homoeopathic medicine **Gutteria gaumeri** tincture three times a day for two months and were followed fortnightly. **This study showed Gutteria gaumeri to be efficacious in controlling hypercholesterolaemia as the triglyceride levels were reduced by 17.70% during the treatment, with a reduction of 16.34% in LDL and increase in HDL levels by 14.09%. B.jain pharmaceuticals Pvt. Ltd. provided Gutteria gaumeri mother tincture used as primary intervention in this study.**⁴

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