

Research Article

Medicinal Herbs of Pakistan

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Abstract

Design and Place of Conduction: The research work was single blind placebo-controlled, conducted at Jinnah Hospital, Lahore. Research time: It was conducted from April 2014 to October 2014.

Number of Patients and their Age: Seventy-five already diagnosed primary and secondary hyperlipidemic patients were selected with age range from 17 to 65 years.

Exclusion Criteria: 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.

Proforma for Patients: Their baseline lipid profile data were taken and filed in specifically designed Performa, at start of taking medicine.

Patient's Group Division: 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. Follow-up period: All participants were called fortnightly for their query and follow up. Their LDL-cholesterol and HDL-cholesterol was determined at the hospital laboratory.

Results: 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/dl, 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.

Conclusion: It was concluded from this study that Ajwain and Flaxseeds reduces LDL-cholesterol moderately. Flaxseeds have more effect on HDL-c but Ajwain has lowest effect on this parameter.

Introduction

It is well-established fact that coronary artery disease is preventable by using hypolipidemic allopathic agents and medicinal herbs [1]. 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 [2]. 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. 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 [3-7]. Trachyspermum ammi commonly known as 'Ajwain' is distributed throughout India and is mostly cultivated in Gujarat and Rajasthan. The fruit possesses stimulant, antispasmodic and carminative properties and is used traditionally as an important remedial agent for flatulence, atonic dyspepsia, diarrhea, abdominal tumors, abdominal pains, piles, and bronchial problems, lack of appetite, galactogogue, asthma and amenorrhoea. Medicinally, it has been proven to possess various pharmacological activities like antifungal, antioxidant, antimicrobial, antinociceptive, cytotoxic, hypolipidemic, antihypertensive, antispasmodic, broncho-dilating actions, antilithiasis, diuretic, abortifacient, antitussive, nematicidal, anthelmintic and antifilarial. 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]. Antihyperlipidemic effect of Ajwain seed has been proved by researchers. It was assessed that Ajwain powder and its equivalent methanol extract were extensively effective in lipid lowering action by decreased total cholesterol, LDL-cholesterol, triglycerides and total lipids [13].

Patients & Methods

The research work was single blind placebo-controlled, conducted at Jinnah Hospital, Lahore from April 2014 to October 2014. 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 10grams of Flaxseeds in three divided doses after meal. Twenty-five patients of group-II were advised to take Ajwain seeds 10grams 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 by using new version of Statistical Package for Social Sciences, 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.

Discussion

Atherosclerosis plaque consist of monocyte-derived immune cells macrophages and T lymphocytes. Their presence in arterial walls provides evidence that the atherosclerosis is an inflammatory disease. Many herbal medicines can inhibit cascades of inflammatory responses in human body leading to development of atherosclerosis. Flaxseeds and Ajwain are thought to inhibit these pro-inflammatory effects in human body. In our study Flaxseeds decreased LDL-c

Table 1: 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 2: Showing effects of Ajwain before and after treatment with its statistical significance in Group-II patients (n=24).

Parameter	At start	At end	Diff	p-value
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

Table 3: Showing effects of Placebo therapy before and after treatment with its statistical significance in Group-III patients (n=25).

Parameter	At start	At end	Diff	p-value
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

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.

from 195.11 \pm 2.11 to 190.22 \pm 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 4.9mg/dl in this parameter. HDL was increased from 34.53 \pm 1.65 to 38.97 \pm 2.29 mg/dl. Difference in percentage when measured/calculated it was 4.4mg/dl which is significant biostatistically with p-value <0.01 . These results match with results of study conducted by Jenkins D et al., [14] who proved almost same effects on two-lipid profile parameters i.e; LDL-cholesterol and HDL-cholesterol. Kelley DS et al., [15] 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, Shahidi F and Miraliakbari [16] explained that there is too much difference in hypolipidemic effects of allopathic medication and herbs, having less potent hypolipidemic features of herbal medications. Rodriguez-Leyva et al., [17] 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. Tzang BS et al., [18] proved that if used Flaxseeds with dietary restrictions and change in sedentary life style, HDL-cholesterol increased from 33.54mg/dl to 49.01mg/dl. They explained that if only one parameter of lipid profile i.e; HDL-cholesterol is increased; all other parameters in ratio will obviously be reduced leading to lesser chances of development of CAD. According to Prasad K [19] anti-inflammatory effects of Flaxseeds play key role in prevention of atherosclerosis and CAD. Arjmandi B et al., [20] have same viewpoint regarding major role of high-density lipoprotein cholesterol that in formation of atherosclerotic plaques and coronary artery disease, i.e; if HDL-cholesterol is high there is healthy/ required/ ratio of LDL: HDL. Cho Y et al., [21] have mentioned that 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. In our results using 10grams 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 4.4mg/dl. Increase in HDL was 0.5mg/dl, which is non-significant change in pre and post treatment values. Chodhury S [22] proved same results in their study. They proved significant change in LDL-cholesterol but HDL-cholesterol was not much increased by taking Ajwain's oily preparations. Srivastava KC [23] proved in his study that high LDL-cholesterol has close concerned with pro-inflammatory responses leading to platelet aggregation. Anilakumar KC et al., [24] proved lesser effects of Ajwain on LDL-cholesterol as compared to good cholesterol i.e; HDL-cholesterol. This contrast is obviously linked with amount of drug used and duration of Ajwain intake by small number of patients as they used 4 grams of Ajwain in 10 hyperlipidemic patients for the period of one month. Chialva F et al., [25] proved same changes in LDL-cholesterol and HDL-cholesterol, which also support our results biostatistically. Singh G et al., [26] explained that all herbs with their therapeutically medicinal potential would work when used in high amount and for long period. Panah JM et al., [27] explained various mechanisms of action of medicinal herbs in treating and prevention of primary or secondary hyperlipidemia. As they explained one mechanism of Ajwain that this herb decrease enterohepatic circulation of bile, consequencing hepatocytes to synthesize bile instead of cholesterol. Jolaylum ST et al., [28] stated in their research article that also forms specific proteins in liver, which increase apoproteins attached with HDL particles, correcting LDL/HDL ratio in hyperlipidemic patients.

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