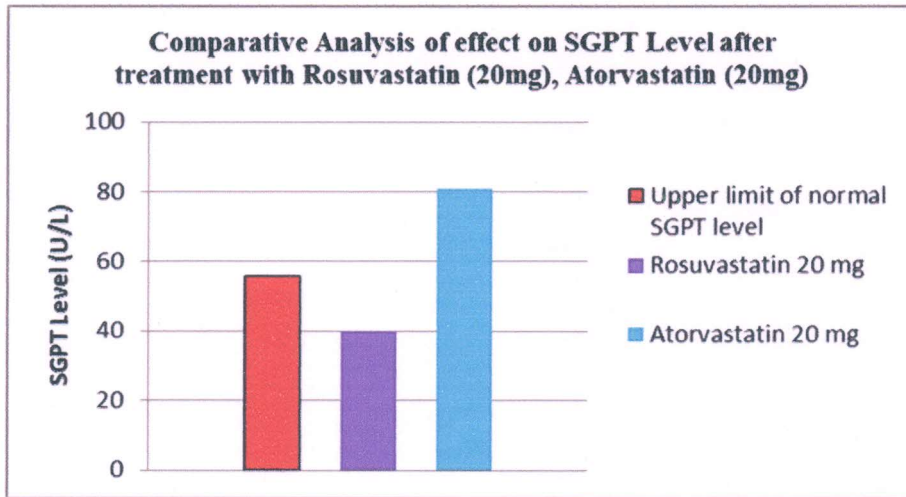
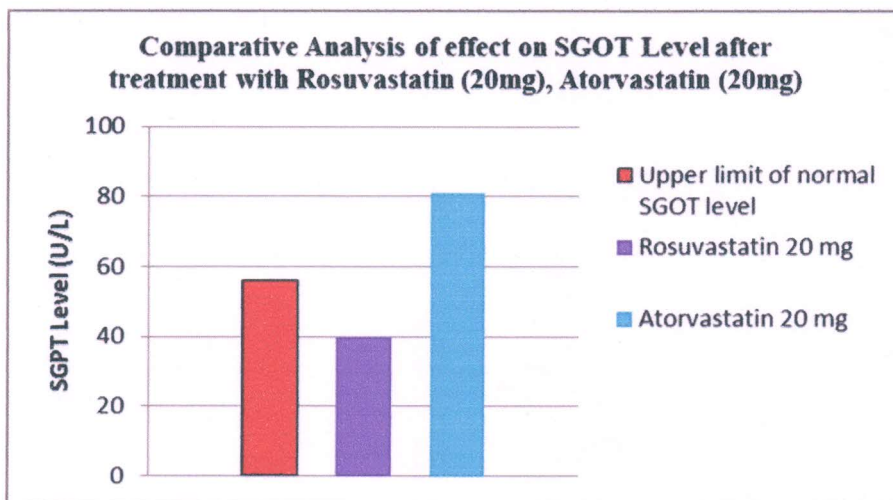


Graph 5.3: Comparative Analysis of effect on SGPT Level after treatment with Rosuvastatin (20mg), Atorvastatin (20mg)



Graph 5.4: Comparative Analysis of effect on SGOT Level after treatment with Rosuvastatin (20mg), Atorvastatin (20mg)



Discussion:

This study evaluated the comparative efficacy and safety of Rosuvastatin (10mg, 20 mg) Atorvastatin (10 mg, 20 mg) versus Salveo Andaman Noni in East Indian patients with dyslipidaemia. In this study LDL-C, TG, TC levels were reduced more by statin than by Salveo Andaman Noni. But patients treated with Salveo Andaman Noni (freeze dried) showed significant reduction in LDL-C, TG, TC levels. However, HDL cholesterol level increased significantly more by Salveo Andaman Noni than by Rosuvastatin 10 mg, Atorvastatin 10 mg and Atorvastatin 20 mg. The oxidative modification of low density lipoprotein (LDL) plays an important role in the genesis of arteriosclerosis. Thus our study substantiates a previous study by Kamiya et al, that Salveo Andaman Noni (freeze dried) appears to be cardioprotective by reducing risk of arteriosclerosis. This study demonstrated that Salveo Andaman Noni (freeze dried) not only regulates serum lipid levels by lowering the total cholesterol, triglyceride, low density lipoprotein levels but also restores the cardioprotective high density lipoprotein level.

In case of comparative safety analysis it was seen that patients treated with Atorvastatin 20 mg had higher serum SGPT and SGOT levels which in long term may lead to liver dysfunction. Whereas, liver enzyme levels of patients with Salveo Andaman Noni (freeze dried) were in the normal range.

Thus we can suggest that patients suffering from dyslipidaemia who are undergoing statin treatment to achieve the normal lipid levels can have Salveo Andaman Noni along with low dosage of statin to reduce the risk of liver dysfunction in their long term of treatment regimen. Previous studies also substantiates that Salveo Andaman Noni also reduces platelet aggregation and the sensitivity of the heart to adrenergic stimulation and improves the contractility of the heart by executing positive inotropic action. It increases the inotropic action by 25%, whereas both Rosuvastatin and Atorvastatin has no such effect.

