INTRODUCTION
Cardiovascular diseases are currently the leading cause of death in both sexes and actually account for greater proportion of all deaths in women (52%) than in men (46%) in the United States (Thom, 1987; Vital Statistics of United States, 1979). The coronary heart disease in Indian women is likely to show an upward trend in future because today, she is shoulder to shoulder with men. She has been taking up jobs which until now were considered to be of men only and she has to fight her way for excellence in a male dominated society.

The Indian women may have begun like an immigrant, at lower end of the ladder. But she has elbowed her way just about everywhere. In board rooms, she has smashed through the glass ceiling, shoulder pads optional. In corporate world, she is getting to the managerial rungs of the laminated ladders. In navy she anchored in 1992. In the Indian Air Force, she is all set to take off. She has arrived in the raging bull world of the stock exchange and the male sanctuary of bank dealing rooms. In journalism she is in the hot spot—Kashmir, Punjab, Ayodhya and Sri Lanka. She is greasy under cars in workshops and in the thick of real estate nitty-gritty; in short just about everywhere.

Yet, despite this, little is known about the risk factors, like Total cholesterol (TC), Triglyceride (TG), High Density Lipoprotein (HDL), Low Density Lipoprotein (LDL) for coronary heart disease (CHD) in women in general and especially in Indian women. Hence it was essential to have a detailed study on the risk factors contributing to heart disease in Indian women and to find out the cut off limits of the above parameters. It was with the above intentions that the present work was initiated.

Some of the strongest determinants of lipid in women are sex hormones, estrogen and progestin. Exogenous use of both these hormones markedly influence both HDL and LDL cholesterol. Estrogen, alcohol and physical exercise tend to increase HDL cholesterol; whereas progestin, smoking obesity and sedentary habits may have the opposite effect. Other factors influencing lipid levels could be the type of oil consumed i.e. whether
with sufficient polyunsaturated fatty acids (PUFA) or with less of them and the consumption of more complex carbohydrates in comparison to more simple sugars.

The proposed study is envisaged to establish the normal levels of serum lipids in women of different age groups and physiological status i.e. menstruating, menopause, etc. The obtained normal concentrations are to be compared with those in females having obesity, hypertension, diabetes mellitus and those who use tobacco products. It is anticipated that alterations in certain lipid constituents may in fact be useful in predicting and subsequently controlling coronary heart diseases in women who lately have shown an increased incidence of coronary heart disease, may be because of their changed lifestyles. Hence this study is expected to enlighten human lipid metabolism in health and disease in general and especially on its clinical significance in prevention, control and treatment of atherosclerosis and coronary heart disease in women.