MATERIAL AND METHODS
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The case material for the present study consisted of healthy male and female junior doctors and students of M.L.B. Medical College, plus patients, and their healthy attendants attending O.P.D. and wards of M.L.B. Medical College hospital Jhansi.

Informed consent was taken from every case, in each case a detailed history was elicited and a meticulous clinical examination and investigation were carried out, to groups, these cases into following categories:

**Group A**

It consisted of healthy male volunteers in the age group of 20-60 years. The number of subjects included in this group was 31.

**Group B**

Second group consisted of 20 healthy female volunteers in the age range of 20-60 years, most of them were junior doctors, students and staff nurses working M.L.B. Medical College, Jhansi.
Group C

Third group consisted of 11 young healthy volunteers both male and female who were first degree relatives of patients of ischaemic heart disease. The age range of this group was 20-30 years. In each case either mother or father had an ischaemic episode in the past.

Group D

In this group eight patient of diabetics were included. 3 cases were of Juvenile onset diabetes and 5 cases were of maturity onset diabetes.

A detailed dietary history was elicited to assess the amount of fat consumed daily and weekly, by these subjects in their usual routine diet. Specific consideration was given to record the weekly amount of ghee and its type (saturated/unsaturated) oil and its type, milk and milk products, eggs, and food additives. Majority of the subjects were hostelers eating a common type of food in hostel messes, thus per head consumption of fat was calculated by giving consideration to the total amount of oil of ghee purchased monthly and number of members eating in the same mess.
Any recent change in diet, oral or parenteral medication before and during the study were noted. Hospitalised patients were given the diet from the hospital for one week prior to the test.

DESIGN OF TEST

All the subjects were asked to have their dinner at 6.00 P.M. on the previous night and not to take anything except water till the next morning. Fasting blood sample were taken at 8.00 A.M. in the recumbent posture, without producing venous stasis (Koerselman et al., 1961). After this, they were given a test meal. Consisting of 3 boiled egg with 250 ml of boiled sweetened milk. This supplied around 750-800 mg of egg yolk cholesterol.

Post prandial blood samples were taken at 9.00 A.M. and 11.00 A.M. In some cases additional sample at 10.00 A.M. was also taken. During the test the subjects were watching T.V. film and were not allowed to take anything except water. Smoking was prohibited during the test period. Plasma was separated from the blood samples and the following tests were performed.
(I) **TOTAL SERUM CHOLESTEROL**

Cholesterol estimation was done by one step method of wybenga and pileggi 1970 utilising commercial kits supplied by "SPAN" diagnostics.

(II) **SERUM TRIGLYCERIDE ESTIMATION (STG)**

Estimation of serum triglyceride was done by acetylene acetone method, using kit supplied by "ETHNOR".

(III) **SERUM HDL - CHOLESTEROL ESTIMATION**

This test was conducted by using commercial kit supplied by ETHNOR.

(IV) **ESTIMATION OF VLDL - CHOLESTEROL**

VLDL cholesterol was derived using formula given by Fried Wald et al. 1972.

\[
\text{VLDL - Cholesterol} = \frac{\text{Serum triglyceride}}{3}
\]

It is valid till STG value are less than 400 mg/dL.
(V) **CALCULATION OF LDL-c**

LDL-c was also estimated by using formula given by Fredrickson, D.S. 1972.

\[
LDL-c = \text{Serum cholesterol} - \left( \frac{\text{STG}}{5} + \text{HDL-c} \right) \text{mg}%. 
\]

Statistical analysis of the data was done by using paired 't' test and student 't' test.