

anal sphincter²⁰. The benefits of Yoga in our study may have improved the functioning of rectal muscles in addition to the anal sphincter & the perianal connective tissue.

Yoga is seen not only as a set of esoteric exercises but also as an integral part of oriental culture. It's inherent non-invasiveness and harmlessness emanates from the test of time and voluntary integration in the culture. The ancient wisdom has been recognized as a supportive inspiration even for the basic sciences. In the present study yoga was seen to reduce most of the symptoms affecting the outcome negatively. The benefits of Yoga in PPH outcomes are significant because of the good number of patients in the study (n=100). Studies for PPH with 20 or more participants have been considered as having adequate power even for rare outcomes¹⁵. Present study's results are encouraging considering a much larger sample size for evaluating a much common outcome measure i.e. pain. Present study to evaluate application of this yogic benefit had a limitation of the AID being a common team giving yoga lessons and doing postoperative evaluation. Yoga, a non-invasive tool does not require marshalling of any fresh resources and is popularly seen as harmless. It can be incorporated in surgical practice of PPH. Quantification of the molecular basis of benefits by Yoga Exercises is theoretically possible in light of the available wisdom^{8, 9, 10, 11}. The available scientific literature is silent about the efficacy of Yoga in modern surgical practice. Present study can be a useful index for larger, multicentre double blind randomized trials. Also long term impact of Yoga on PPH needs to be studied.

CONCLUSION

PPH outcomes may be improved by incorporation of yoga perioperatively.

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PITAVASTATIN

DRUG PROFILE

A novel statin i.e Pitavastatin, a potent agent for lowering LDL cholesterol level, without affecting glycemic control in patients with diabetes, as seen often atorvastatin group. No significant changes occur in Fasting plasma glucose and HbA1c levels. Thus, Pitavastatin may be more suitable for the treatment of hyperlipidemia in patients with type-2 diabetes.

Statins and HMG-CoA reductase inhibitors, in addition to lowering LDL-C levels is also known to suppress the progression of atherosclerosis by their pleiotropic effects. Glucose uptake by differentiated 3T3-L1 cells was reported to be unaffected by pitavastatin. Simvastatin or a Atorvastatin seem to have a potential adverse effect on glucose metabolism. The CHIBA study also demonstrated that liver enzymes like AST, ALT and YGTP increase significantly in patients receiving atorvastatin but not in those receiving pitavastatin. Pitavastatin 2mg/day is associated with significantly greater increases in Apo A-I levels.

Various comparative clinical trails have concluded that: 1) statins marginally affect HbA1c levels and sometimes produce diabetes; however, pitavastatin does not show adverse effect on HbA1c levels; (2) pitavastatin is a safer drug to use as compared to other statins since it has no effect on lipoactive functions; (3) pitavastatin has been shown to have no effect on the plasma glucose levels, which makes it a favorable drug for patients with type-2 diabetes.