

# **“Clinical Evaluation of Obenyl Tablet in the management of Obesity”**

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## **INTRODUCTION :**

The importance of obesity requires constant emphasis, not only because of excess mortality it carries, but also because of numerous complications & the predeposition it creates to the common & potentially serious conditions such as diabetes mellitus, cardiac disorders etc. It reduces the efficiency of those affected, it detracts from their ability to participate in many normal activities & it is frequently associated with emotional & other psychological disturbances, all of which may interfere in major way with the wellbeing of an individual, a family or a community.

### **Definition of obesity:**

Obesity can be defined as an abnormal accumulation of fat in the stores of adipose tissue throughout the body. Obesity represents an accumulation of energy in excess of requirements & that weight reduction can be achieved only by reducing every intake, by increasing output or by a combinations of the two.

### **Causes of obesity:**

- 1.Genetic & environmental factors (dietetic habits & economic factors)
- 2.Appetite & feeding pattern (consumption of more calories than required)
- 3.Less physical activities.
- 4.Endocrinal factors - Cushing’s syndrome, Adrenocortical hyperfunction, Hypothyroidism.
- 5.Genetical factors - No above mentioned factors could be held to be responsible for obesity.

### **Complications of obesity:**

- Flat feet & Osteoarthritis of knee joint, hip joint & lumber spine.
- Abdominal & diaphragmatic hernias.
- Varicose vein.
- Skin infection around folds of skin & axilla.
- Hyperlipidaemia.
- Cholelithiasis.
- Diabetes mellitus.

- Cardio vascular disorders: Hypertension, coronary atherosclerosis & angina pectoris. Obesity which is not a disease entity in itself but which is cause of hundreds of diseases has become fairly common now a days. It is also accompanied by risks of early death, hypertension, heart diseases, diabetes etc.

Ayurveda has prescribed three ways of managing obesity they are diets, deeds & drugs. Bearing this in mind it was decided to see effect of herbal tablet Obenyl in cases of obesity, free from other major illness like Diabetes, Heart diseases etc.

### **MATERIAL & METHOD:-**

Total number of 80 patients were selected for the study, out of which 60 patients could complete the study & 20 cases were dropped out. The patients between age group 10-60 yrs. were included in the present study. The patients of both sexes were included in the study. The duration of the study was for 6 weeks. All patients were divided into 2 groups of 30 patients each.

### **Dosages of the medicines :-**

**Group-“A”**-Obenyl tablet 2 tablet 3 times a day were given with luke warm water. Each tablet contains 500 mg of herbal ingredients.

**Group-“B”**- Placebo tablet, 2 tablets 3 times a day has been given with a luke warm water. Each tablet's weight was 500 mg.

**Diet advice:** - Patients were kept on low calorie & fat free diet.

### **Criteria for selection of patients :-**

Obese people have high risk of mortality or suffering serious illness. Most data, which relate the level of fatness to total mortality shows that the risk of mortality starts to increase, appreciably when BMI is above 40. The definition of obesity is BMI in between 30 to 40.

### **Category : BMI (Body Mass Index)**

Acceptable range	: - 20-24
Overweight	: - 25-29
Obesity	: - 30-40
Extreme obesity	: - More than 40
Body mass index	= $\frac{\text{Weight (kg)}}{\text{Height (m)}^2}$

Patients with BMI in between 30 to 40 were selected for the present clinical study. The obese patients with diabetes mellitus were included in present study. Patient's suffering from Endocrinal disorders like Cushing's syndrome, adreno-cortical hyperfunction & hypothyroidism were excluded from the study. Pathological

investigations like C.B.C., E.S.R., T3, T4, T.S.H., F.B.S., P.P.B.S., Chest x-ray PA view & E.C.G. were carried out for each patient to rule out any underlying disease. All patients were called for weekly follow up for 6 weeks. Each patient's body weight before treatment & after treatment was recorded regularly.

**Table – I: Sex wise distribution of patients**

Sex	No.of patients	Percentage
Male	22	36.67%
Female	38	63.33%

Note:- It can be noted that Obesity sex-wise is more common among females.

**Table –II: Age wise distribution of patients**

Age Group	No.of patients	Percentage
10-20	1	1.67%
21-30	3	5.00%
31-40	14	23.33%
41-50	22	36.67%
51-60	20	33.33%

**Table –III: Occupation wise distribution of patients**

Occupation	No.of patients	Percentage
Hard working	10	16.67%
Businessman	8	13.33%
House-wife	26	43.33%
Student	1	1.67%
Clerk	11	18.33%
Retired	4	6.67%

**OBSERVATION: -**

Patients with Group “A” medicine (tablet Obenyl) showed following response.

- Excellent- 20% (6 patients)
- Good -36.66% (11patients)
- Fair -26.66% (8 patients)
- Failure - 16.66% (5 patients)

Patients on Group “B” medicine (tablet Placebo) showed following results.

- Excellent- 0% ( 0 patients)
- Good -3.33% ( 1patients)

Fair -10.00% ( 3 patients)  
Failure - 86.66% ( 26 patients)

83.33% of patients with tablet Obenyl showed good results.  
While patients with placebo drug showed 13.33% of results.  
No patient of either group had any untoward effects.

### **DISCUSSION**

Obenyl tablet was effective to reduce obesity by checking excessive appetite and promoting diuresis. Obenyl tablet was useful in obesity without symptoms and obesity in patients with diabetes.

### **CONCLUSION:-**

The study has been carried out in 60 patient suffering from obesity. The obese patient with endocrine disorders e.g.- Cushing's syndrome, Hypothyroidism were excluded from the study. The Obese patients with diabetes mellitus were included in study.

The patients with Tablet Obenyl showed 84.33% result while patients on placebo therapy showed 13.33% response.

Hence it can be concluded that Tab. Obenyl is useful in obesity as well as its associated complications such as osteoarthritis, hyperlipidaemia, skin infections & diabetes mellitus.

### **ACKNOWLEDGEMENTS:-**

My sincere thanks to M/s Charak Pharmaceuticals, Bombay for the liberal supply of "OBENYL" for the trial as well as to my assistant doctors & nursing staff for helping me in conducting the trial.

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