

PhD Synopsis on

**Development, Standardization and Evaluation of Herbal  
Formulation for Obesity**

By

**Bhavik B. Chauhan**

Assistant Professor

(PhD Registration no.: 860)

Under the supervision of

**Dr. Rajashree Masharu**

Associate Professor



Faculty of Pharmacy

The Maharaja Sayajirao University of Baroda,  
Vadodara-390001, Gujarat, India

April-2021

## **Introduction:**

Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health. In the obese condition BMI of individual may increase; Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters ( $\text{kg/m}^2$ ).

<b>Category</b>	<b>BMI(kg/m<sup>2</sup>)</b>
Under weight	< 18.5
Normal range	18.5 - 22.9
Overweight-At risk	23.0 - 24.9
Overweight – Moderately obese	25.0 - 29.9
Overweight – Severely obese	$\geq 30.0$

## **Key facts**

- ✓ Worldwide obesity has nearly doubled since 1980.
- ✓ In 2008, more than 1.4 billion adults, 20 and older, were overweight. Of these over 200 million men and nearly 300 million women were obese.
- ✓ 35% of adults aged 20 and over were overweight in 2008, and 11% were obese.
- ✓ 65% of the world's population lives in countries where overweight and obesity kills more people than underweight.
- ✓ 42 million children under the age of 5 were overweight or obese in 2013.
- ✓ Obesity is preventable.

## **Pharmacological remedies for obesity**

S. No	Drug Class	Mechanism of Action	Example	Side Effects
1	HMG CoA reductase enzyme inhibitor	Lowering total LDL inhibiting cholesterol biosynthesis	Atrovastatins, Fluvastatin, Lovastatin, Simvastatin	Congestive cardiac failure
2	Fibrates	Enhancing activity of enzyme lipoprotein lipase	Gemfibrozil, Fenofibrate	Upper gastrointestinal disturbance, headache, myalgia
3	Nicotinic acid derivative	Inhibit lipolysis within adipocytes	Niacin	Hyperglycemia, increase uric acid
4	Bile acid sequestrants(Resin)	Bind with bile acid & promote bile acid excretion	Cholestipole, Cholestyramine	Abdominal fullness, constipation
5	Misc.	Inhibit free radicals	Omega 3 fatty acid, Probuco1	-

• Prescription drugs for obesity:

Drug	Mechanism action	Adverse effects
Orlistat	Reduces fat absorption from the intestine by inhibiting pancreatic lipase and reduces triglyceride hydrolysis. Low fat diet is generally advised.	Steatorrhea (oily stools).
Sibutramine	Centrally acting sympathomimetic amine that enhances satiety by inhibiting non-selective uptake of nor adrenaline, serotonin and dopamine	Hypertension, serotonin syndrome
Metformin	It activates cAMP-activated protein kinase and suppresses hepatic gluconeogenesis activity.	Lactic acidosis, Gastro-intestinal upset.
Rimonabant	It is an approved but infrequently used drug. It is a cannabinoid CB1 receptor antagonist. It selectively acts on CB1 receptor in brain and peripheral organs. reduces lipogenesis in liver. They not only cause weight loss but in addition reverse metabolic effects of obesity.	Severe depression and predisposes to neurodegenerative diseases E.g. Alzheimer's disease, amyotrophic sclerosis.

Herbal Remedies for the obesity:

Sr.no	Anti-obesity function	Herbs
1	Inhibiting pancreatic lipase activity	Chitosan, green tea

2	Enhancing thermo genesis	Sea Weed, Bitter Orange, Soybean
3	Preventing adipocyte differentiation	Turmeric, Capsicum, Palm Oil, Banana Leaf, Brown Algae, Garlic, Flaxseed, Black soybean, Kokam fruit
4	Enhancing lipid metabolism	Herb Teas, Cinnamon, Guggul Lipid
5	Decreasing appetite	Pine Nut, Pomegranate Leaf, Ginseng, Hoodia Gordonii, Aghedo, Methi Seeds

**Marketed formulation for obesity:**

Sr. No.	Name of Formulation	Composition
1	Ayurslim	Garcinia , Indian Bdellium Gymnema, Chebulic Myrobalan, Fenugreek
2	Trim	Garcenia, Pichrorriza Cuprus rotundus, Triphala

**Rationale :( Benefit to the patients and health care system)**

Obese persons are preferred the use of herbal products for weight management because of following probable reasons:

- ✓ Health benefits of weight loss without any side effects,
- ✓ Less demanding than accepted lifestyle changes, such as exercise and diet,
- ✓ Easily available without a prescription,
- ✓ More easily accepted than a professional consultation with a physician or a nutritionist
- ✓ 100% natural origin and perception that natural means safe

Herbal plants for weight reduction may be effective in the treatment of obesity and associated disorders.

Consistent and safe herbal product for weight reduction is a need of developed and developing countries. In our literature survey, herbal plants showed potential effects on

weight control. However, for the majority of products, more data are needed to assess the suitability as an anti obesity plants.

Everyone knows that exercise with a controlled diet is the only way to keep in shape. However, your aim to be slim is obstructed by your urge to eat more and to snack in between meals. It's difficult for many people to resist food or snacks after a long and tiring work day. It's only natural! Tiredness and fatigue can also make people crave sugary food for energy. That's why many are unable to stick to healthy food choices every day.

But now imagine the same situation with a controlled appetite. With your appetite under your control, you can lower the intake of calories.

### **List of Herbal plants utilized for treatment of Obesity**

<b>Botanical name</b>	<b>English name/Common name</b>	<b>Parts used</b>
<i>Acacia arabica</i>	Babbula	Gum, bark, leaf, fruit-pods
<i>Achyranthus aspera</i>	Apamarga	Root, seed, leaf, whole plant
<i>Aconitum heterophyllum</i>	Ativisha	Root, rhizome
<i>Acorus calamus</i>	Vacha	Rhizome
<i>Adathoda vasica</i>	Vasa	Leaf, root, flower
<i>Allium sativum</i>	Garlic	Stem, Fruit
<i>Aloe vera</i>	Kumari	Leaf, root
<i>Betula utilis</i>	Burja	Bark, nodes
<i>Camelia sinensis</i>	Green Tea	Leaves
<i>Catharuths roseus</i>	Barmasi	Whole plant
<i>Commiphora wightii</i>	Guggal	Resin
<i>Coriander sativum</i>	Coriander	Fruits
<i>Cassia tora</i>	Chakramardha	Seed, leaf, root
<i>Cedrus deodara</i>	Devadaru	Hearwood oil
<i>Embelia ribes</i>	Vidanga	Fruit
<i>Embllica officinalis</i>	Amalaki	Fruit
<i>Garcinia indica</i>	Vrikshamla	Fruit, root, bark, oil
<i>Gymnema sylvestre</i>	Meshashringi	Leaf, root, seed
<i>Holarrhena antidysentrica</i>	Kutaja	Seed, bark
<i>Momordica charantia</i>	Karavellaka	Fruit, whole plant, leaf, root
<i>Moringa oleifera</i>	Sigru	Root, bark, seed
<i>Morraya koinigi</i>	Carry Leaves	Leaves
<i>Picrorhiza kurroa</i>	Katuka	Root
<i>Piper longum</i>	Pippali	Fruit, root
<i>Piper nigrum</i>	Maricha	Fruit
<i>Plumbago zeylanica</i>	Chitraka	Root, bark
<i>Punica granatum</i>	Pomegranate	Fruit rind ,leaves

<i>Terminalia arjuna</i>	Arjuna	Bark, root, leaf
<i>Terminalia bellerica</i>	Bibhitaka	fruit
<i>Terminalia chebula</i>	Haritaki	fruit
<i>Terminalia tomentosa</i>	Asana	Bark, heartwood
<i>Thea sinensis</i>	<i>Oolong tea</i>	Leaf
<i>Tinospora cordifolia</i>	Guduchi	Stem, root
<i>Trachyspermum ammi</i>	Yavani	Fruit
<i>Tribulus terrestris</i>	Gokshura	Fruit, root, whole plant
<i>Trigonella foenum graceum</i>	Methika	Seed, leaf, whole plant
<i>Valeriana jatamansi</i>	Tagara	Root
<i>Zingiber officinale</i>	Shunti	Rhizome

### Formulation and Development:

Selected Herbs: *Achyranthus aspera* ext., *Commiphora wightii* ext., *Garcinia indica* ext.,  
*Morraya koinigi* ext.,

### Excipients:

Class	Excipients	Concentration
Direct compressible diluents	MCC	5-15%
	Ethyl Acetate	1-5%
	Dicalcium Phosphate	1-5%
	Lactose	5-20%
	Sucrose	2-25%
	Avicel PH 102	1-20%
Disintegrants	Starch	10-15%
	Sodium Starch Glycocolate	0.5-10%
	Cross carmellose sodium	2-5%
	Crosspovidone	0.5-5%
Lubricants	Talc	1%
	Magnesium stearate	1%
Preservatives	Methyl paraben	1%
	Propyl paraben	0.1%
Adsorbant	Syloid( Sillica)	1 – 5%

Final formulation was prepared by direct compression method with desired result.

<i>Achyranthus aspera</i> ext.	50mg
<i>Commiphora wightii</i> ext	150mg
<i>Morraya koinigi</i> ext.	50mg
<i>Garcinia indica</i> ext	150mg
Avicel PH 102	16.66% (100mg)

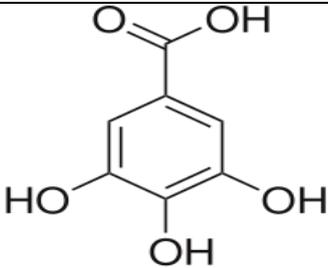
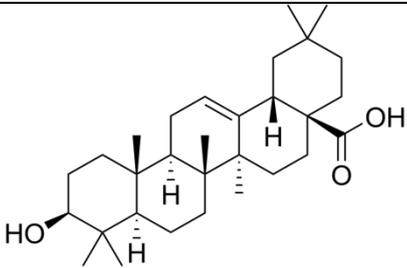
Styloid	2 % (12mg)
SSG	7% (42mg)
Cross carmellose sodium	5% (30mg)
Talc	1% (6mg)
Methyl peraben	1% (6mg)

Evaluation:

Hardness	4.5 kg
Disintegration	9 mins
Friability	>1 %

**Analytical method for marker compound:**

Here analytical method development of **Gallic acid** and **Oleanolic acid** are developed using Reversed Phase High Performance Liquid Chromatography(RP- HPLC) and validation parameters such as Accuracy, Precision, Linearity, LOQ, LOD and Robustness are performed.

GALLIC ACID(4)	OLEANOLIC ACID(5)
	
Solubility: alcohol, ether, glycerol, acetone; negligible in benzene, chloroform, petroleum ether	In Methanol
Molecular weight: 170.12gm/mol	456.7 gm/ mol
Formula: C <sub>7</sub> H <sub>6</sub> O <sub>5</sub>	C <sub>30</sub> H <sub>48</sub> O <sub>3</sub>
Gallic acid is a trihydroxybenzoic acid, a type of phenolic acid, found in gallnuts, sumac, witch hazel, tea leaves, oak bark, and other plants.	Oleanolic acid or oleanic acid is a naturally occurring pentacyclic triterpenoid related to betulinic acid. It is widely distributed in food and plants where it exists as a free acid or as an aglycone of

	triterpenoid saponins.
--	------------------------

General information of Gallic acid and Oleanolic acid

**Chemicals and Reagents:**

**Gallic acid** was procured from Sulab (Suvidhinath) Laboratory, Vadodara and **Oleanolic acid** was procured from Sigma- Aldrich , USA.

HPLC Grade Methanol and all other reagents are obtained from Rankem company.

HPLC Grade Water is produced from Double distillation assembly at Laboratory through out the whole study.

**Experimental procedure:**

**HPLC Instrument:**

<b>HPLC equipment</b>	<b>SHIMADZU LC-20AD Prominence</b>
Column	Hyperchrom 5 $\mu$ C18 (250 mm x 4.6 mm, 5 $\mu$ m)
Detector	SHIMADZU SPD-20A Prominence UV/VIS Detector
Injector	Rheodyne 7725 injector valve with fixed loop at 20 $\mu$ l
Software	LC solution
System controller	SBM 20Alite

**Preparation of Standard Solution:**

**Gallic acid stock preparation:**

Gallic acid 10 mg dissolved in 10 ml Methanol to prepare 1000  $\mu$ g/ml solution.

Form this solution 1 ml was taken and diluted up to 10 ml with methanol to prepare 100  $\mu$ g/ml.

**Oleanolic acid stock preparation:**

Oleanolic acid 10 mg dissolved in 10 ml Methanol to prepare 1000  $\mu$ g/ml solution.

**Mixture:**

From **Gallic acid stock solution**, 0.4 ml taken and 4  $\mu$ g/ml and from **Oleanolic acid stock solution** 0.8 ml taken and diluted to 10 ml with methanol to make **4, 80**  $\mu$ g/ml for injection in HPLC.

**Preparation of Sample Solution:**

Polyherbal Tablet A and B were formulated in Laboratory using herbal extracts in which these phytoconstituents GA and OA were present. Approximately five tablets were crushed

and 500 mg tablet powders dissolved in 50 ml of methanol. From this solution, 1 ml was to be diluted up to 10 ml with methanol and injected in HPLC after filtered through 0.22 micron syringe filter.

**Selection of wavelength (Iso-absorptive point)**

Selection of wavelength of both makers was done by using UV spectrophotometer. Standard solutions of Gallic acid (100µg/ml) and Oleanolic acid (1000µg/ml) were scanned between 200-400nm under UV-Vis spectrophotometer and intercept at 222nm as shown in figure , which was selected as detecting wavelength.

**Optimization of Mobile Phase:**

Based on sample solubility and suitability various chromatographic condition such as mobile phase, pH, wavelength were tried to get good resolution and sharp peaks.

Mobile phase	Ratio	Gallic acid		Oleanolic acid	
		RT(min)	Tailing factor	RT(min)	Tailing factor
Water : Acetonitrile	50:50	3.6	2.5	-	-
Water(0.3 %OPA) : Acetonitrile	15:85	5.3	1.2	-	-
Water : ACN : Methanol	45:10:45	2.9	1.3	-	-
Water: Methanol	95:5	2.9	1.2	11.7	1.05
OPA (0.1%) : Methanol	10:90 (0.8ml/min)	2.8	1.0	17.2	1.0
OPA (0.1%) : Methanol	2:98 (0.8ml/min)	3.5	1.9	9.5	1.0
OPA (0.1%) : Methanol	2:98 (1 ml/min)	2.8	1.5	7.5	1.1
OPA (0.1%) : Methanol	3:97 (1 ml/min)	2.8 (Shape was not	1.5	7.9	1.1

		good)			
OPA (0.1%) Methanol	: 5:95 (1 ml/min)	2.8	1.2	9.5	1.0

(ACN = Acetonitrile, OPA= Ortho phosphoric acid)

**Chromatographic condition** After the all these trial performed mobile phase 0.1% Ortho Phosphoric acid: Methanol (5:95) was selected for HPLC method which gives sharp and symmetric peaks for both the markers with good resolution.

<b>Column</b>	Hyperchrom ODS BP C18 (Size: 250*4.6 mm, 5 $\mu$ )
<b>Flow rate</b>	1.0 ml/min
<b>Detection wavelength</b>	222 nm
<b>Mobile Phase</b>	Ortho Phosphoric acid 0.1 % in Water : Methanol (5:95) It was filtered through 0.45 $\mu$ m Nylon filter and sonicated for 5 min.
<b>Injection Volume</b>	20 $\mu$ l through rheodyne manual injector.
<b>Temperature</b>	Ambient
<b>Retention Time</b>	2.8 min for Gallic acid and 9.9 min for Oleanolic acid

#### Method Validation for HPLC Fingerprinting(6):

The method was validated according to ICH guidelines for Linearity, Precision, Accuracy, Limit of Detection and Limit of Quantification.

#### Linearity:

Linearity of the method was performed by analyzing both the markers in combination as following concentration range.

Linearity Solution	Concentration of GA ( $\mu$ g/ml)	Concentration of OA ( $\mu$ g/ml)
1	1	50
2	2	60
3	3	70

4	4	80
5	5	90
6	6	100

Concentration of Gallic acid(GA) and oleanolic acid(OA)

Now calibration curve was plotted against Area of peak verses Concentration of injected linearity standards. From the graph, correlation co-efficient and regression line equation were to be determined.

### **Accuracy**

The accuracy was determined by calculating % recoveries of GA and OA(Spiking method). It was carried out by adding known amounts of each analyte corresponding to three concentration levels (80, 100, and 120%) of the labeled claim to the excipients. At each level, two determinations were performed, and the accuracy results were expressed as percent analyte recovered by the proposed method.

### **Precision**

Precision of an analytical method is usually expressed as the standard deviation. The repeatability studies were conducted by estimating the response of GA and OA in six times.

Reproducibility of methods was checked by performing intra-day precision (three times a day) and inter-day precision (repeated triplicates for three consecutive days). Results are expressed in terms of standard deviation and % Relative standard Deviation (RSD).

Intraday precision was determined by estimation of mixture of standard markers solution in lower, middle and higher concentration in triplicates on the same day.

Interday precision was determined by estimation of mixture of standard markers solution in lower, middle and higher concentration on three different days.

### **Robustness**

Robustness of the method was investigated under a variety of conditions including changes of composition of buffer in the mobile phase, flow rate, and temperature. This deliberate change

in the method has no effect on the peak tailing, peak area, and theoretical plates and finally, the method was found to be robust.

**Limit of Detection (LOD):**

The LOD can be defined as the lowest amount of analyte that can be detected but not quantitated.

LOD can be calculated as per following equation:

$$\text{LOD} = 3.3 \sigma/S$$

Where  $\sigma$  is standard deviation of regression line and S is slope of calibration curve

**Limit of Quantification:**

Quantification limit of an individual analytical procedure is the lowest amount of analyte that can be quantitatively determined with suitable precision and accuracy.

$$\text{LOQ} = 10 \sigma/S$$

Where  $\sigma$  is standard deviation of regression line and S is slope of calibration curve

**Quantification of GA and OA in polyherbal tablet:**

Applicability of proposed method for the laboratory based formulation tablet was quantified for the marker components – Gallic acid and Oleanolic acid. The content of all two markers were determined by injecting the prepared laboratory sample as per proposed chromatographic condition. The concentrations of markers were determined by following equation.

$$\% \text{ Assay} = \frac{\text{Area of sample} \times \text{Std wt taken} \times \text{Sample dilution}}{\text{Area of std} \times \text{Std dilution} \times \text{Sample wt taken}} \times 100$$

**RESULTS AND DISCUSSION:**

**Isoabsorptive point (Wavelength selection) :**

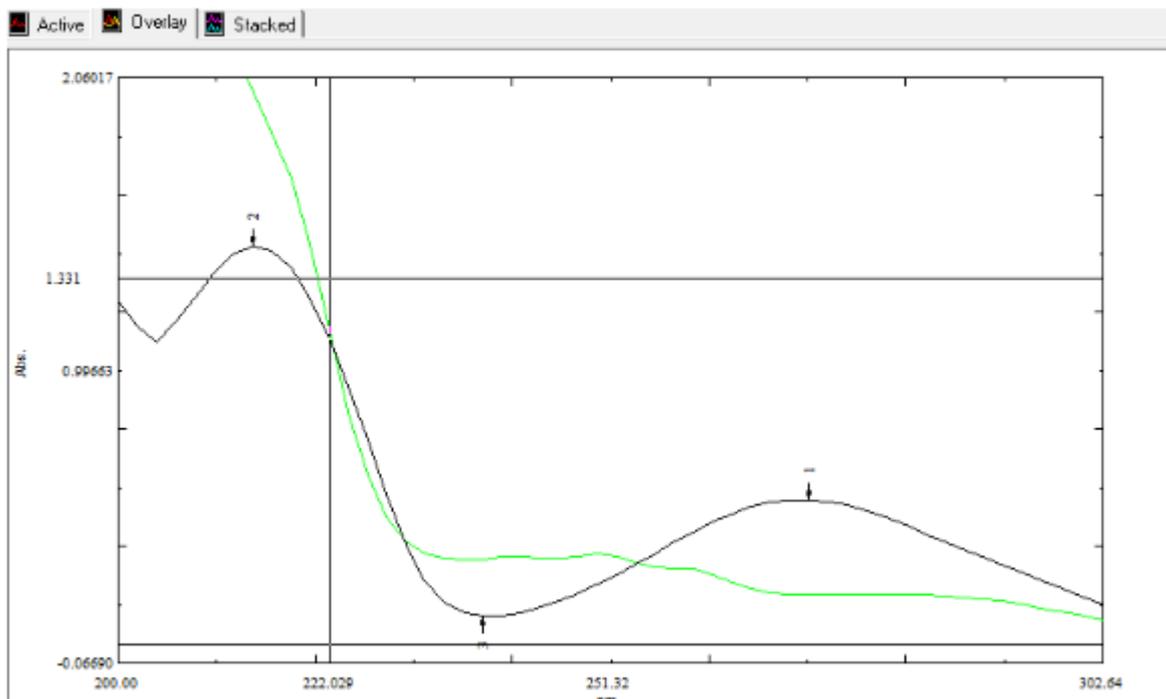
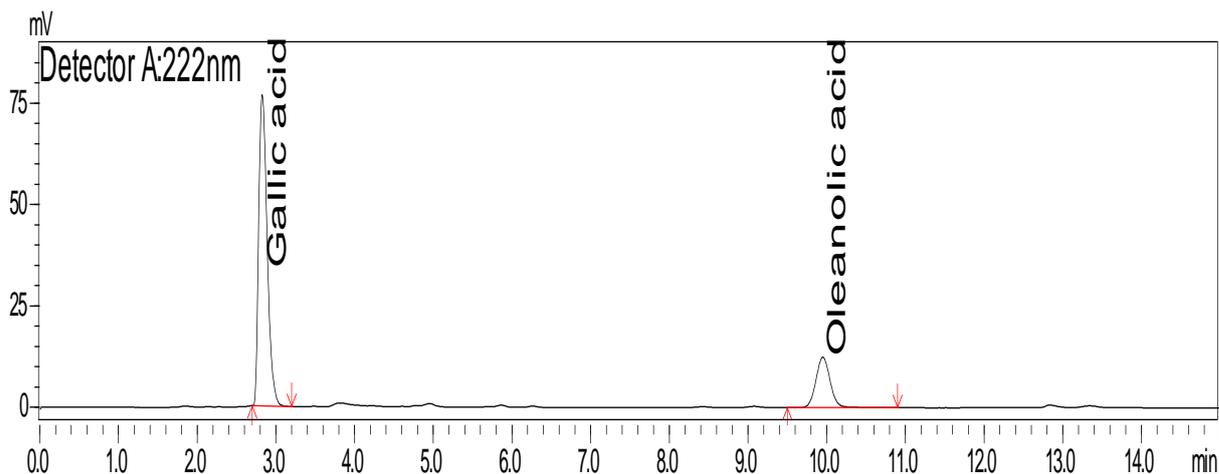


Figure 1: Overlay spectra for both markers GA and OA.

Scanning of Gallic acid standard and Oleanolic acid standard were run by UV Visible spectroscopy and both the markers were intercept at 222 nm. Therefore 222nm was selected as detection wavelength for further study.

#### System Suitability Parameters:

After various trials the mobile phase 0.1 % Orthophosphoric acid and methanol with the ratio of 5:95 would give a good resolution and sharp peak. The below mentioned chromatogram passed the system suitability parameters such as tailing factor, theoretical plates and resolution.



HPLC Chromatogram of Simultaneous estimation of Gallic acid and Oleanolic acid.

Name	Retention time	Peak start	Peak End	Height	Area	Area %	Tailing factor	Theoretical plate	Resolution
Gallic acid	2.844	2.700	3.200	61108	575350	78.65	1.218	3088.996	-
Oleanolic acid	9.949	9.500	10.90	11714	156109	21.34	1.076	14402.220	26.501

Table 6 : peak symmetry for Gallic acid and Oleanolic acid

**Method Validation parameters for HPLC fingerprinting:**

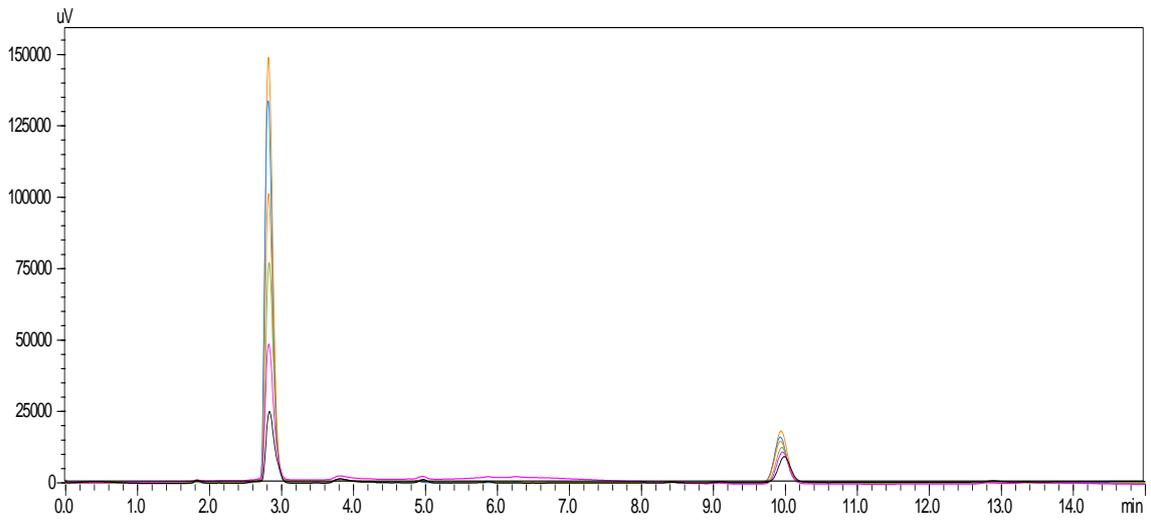
**Linearity Parameter:**

Concentration of GA in µg/ml	Avg. Area of Gallic acid
1	204339
2	379961
3	597321
4	775443
5	984878
6	1128298

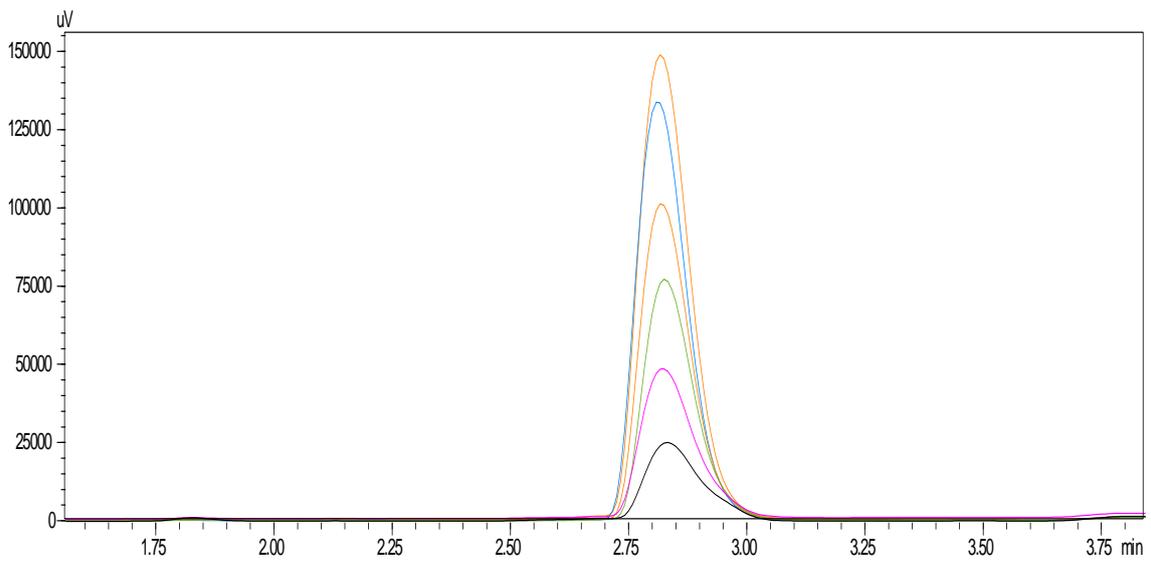
Peak area of GA

Concentration of OA in µg/ml	Avg. Area of Oleanolic acid
50	118299
60	140246
70	163724
80	189978
90	209210
100	229411

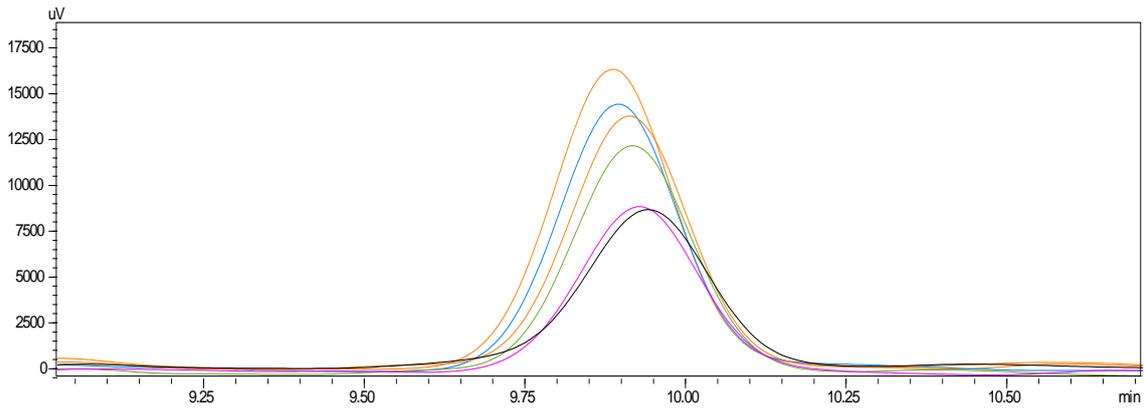
Peak area of OA



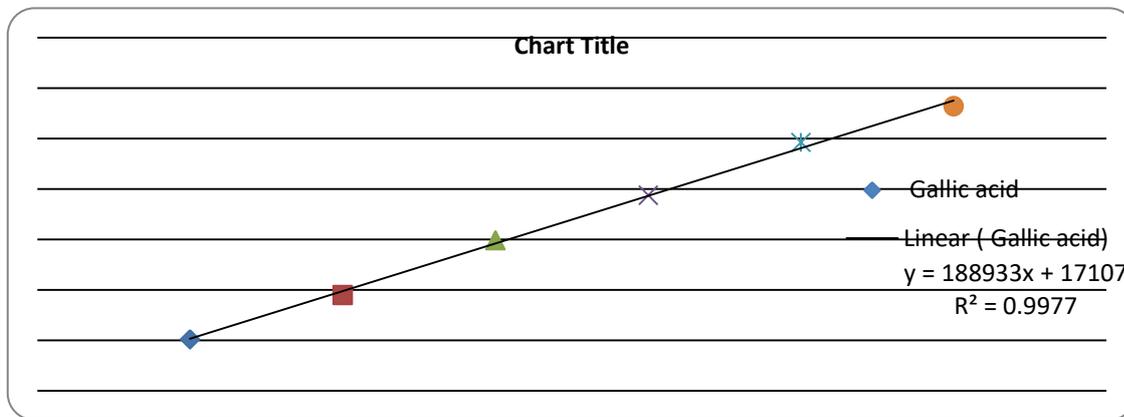
Overlay HPLC Chromatogram for different linearity concentration for both markers.



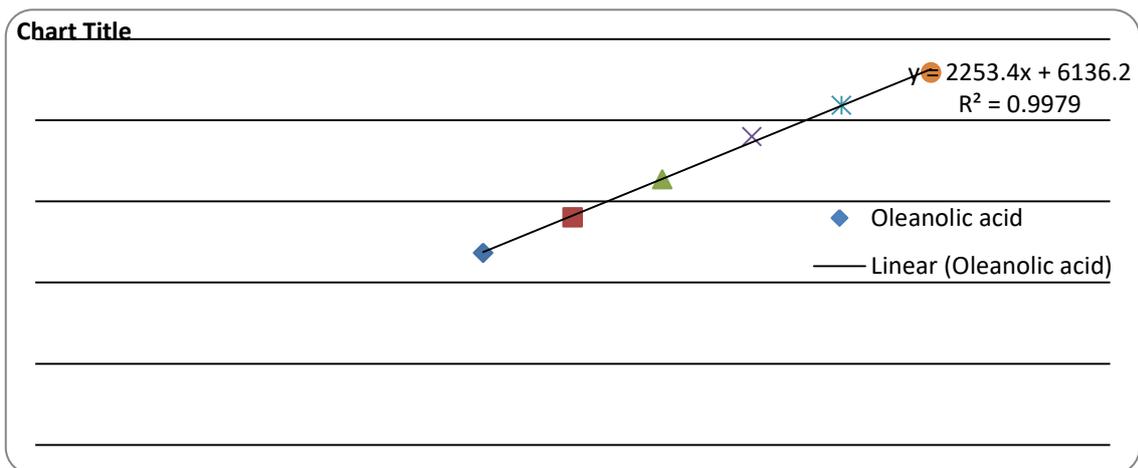
Overlay HPLC Chromatogram for different linearity concentration for Gallic Acid



Overlay HPLC Chromatogram for different linearity concentration for Oleanolic Acid



Calibration curve between Area of peak GA verses its Concentration .



Calibration curve between Area of peak OA verses Concentration .

**Precision data:**

Markers	Precision	% RSD of Retention time	% RSD of Area
Gallic acid	Interday	0.58	1.94
	Intraday	0.10	1.02
Oleanolic acid	Interday	0.25	1.41
	Intraday	0.18	0.72

Interday and Intraday precision data.

**Limit: % RSD of RT should be less than 2.0 and for area NMT 5.0**

Here both the markers in combination mixture at lower, middle and higher concentration range showed %RSD of Retention time and Peak area in limit specified in ICH guideline.

**Accuracy**

Accuracy was performed by recovery study where known concentrations of markers were to be added and calculated the amount to be recovered which shown in following table.

Markers	Initial Amount(A)	Addition of known quantity( B)		A+B	Amount recovered (mg)	% Recovery	Accepted % Limit for Recovery
Gallic acid	0.031	80%	0.025	0.0558	0.0561	100.54	98-102%
		100%	0.031	0.062	0.0619	99.84	
		120%	0.0372	0.0682	0.0689	101.03	
Oleanolic acid	0.01	80%	0.008	0.018	0.0182	101.1	
		100%	0.01	0.02	0.0198	99	
		120%	0.012	0.022	0.0219	99.54	

Table 10: Recovery study of HPLC method

**Robustness data:**

Parameters	Changes	Concentration in	Retention time(RT) in	RSD of RT	Area Under Peak	RSD of Area
------------	---------	------------------	-----------------------	-----------	-----------------	-------------

		$\mu\text{g/ml}$		minute							
		GA	OA	GA	OA	GA	OA	GA	OA	GA	OA
<b>Flow rate</b>	0.9 ml	4	80	3.136	10.987	0.08	0.05	1007007	234933	0.15	1.40
	1 ml			2.827	9.93	0.10	0.41	769777	191644	1.11	0.62
	1.1 ml			2.56	9.020	0.11	0.07	828029	193256	0.23	0.6
<b>Detection wavelength</b>	221 nm			2.827	9.805	0.089	0.76	839239	230555	2.285	0.76
	222 nm			2.835	9.687	0.058	0.26	775443	189978	1.154	0.12
	223 nm			2.817	9.751	0.23	0.45	725557	156890	1.852	0.25
<b>Mobile phase composition</b>	90: 10			2.829	19.3	0.35	0.21	243330	137715	2.012	1.87
	98 : 2			2.804	7.5	0.21	0.14	238514	129056	1.478	2.45
	97 : 3			2.826	7.916	0.41	0.45	256412	156256	0.75	1.89

Robustness data for method validation

For changes in mobile phase combination, flow rate and detection wavelength, the results showed that the % Relative Standard Deviation of RT and Peak area passed the specified limit as per ICH Guideline. Therefore, method should be robust.

**LOD and LOQ:**

Parameters	Gallic acid	Oleanolic acid
<b>LOD</b>	0.012	1.2116
<b>LOQ</b>	0.039	3.6723

Sensitivity of method

**Quantification of Markers in developed polyherbal tablet:**

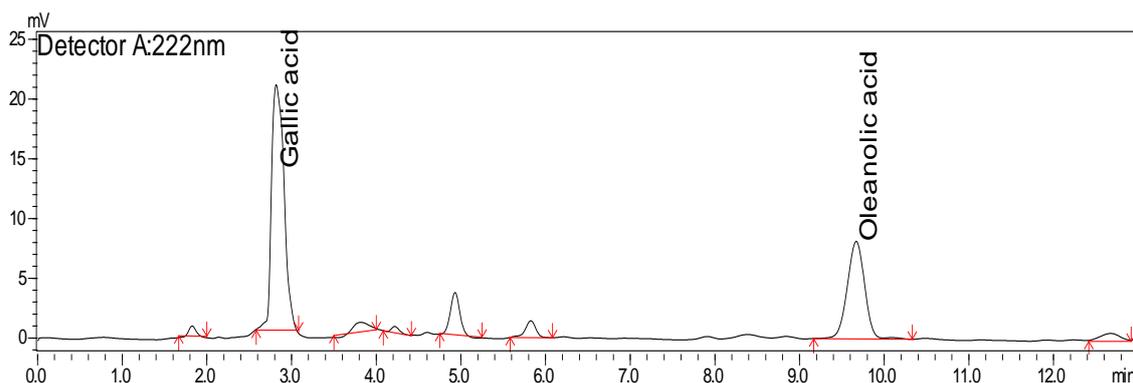


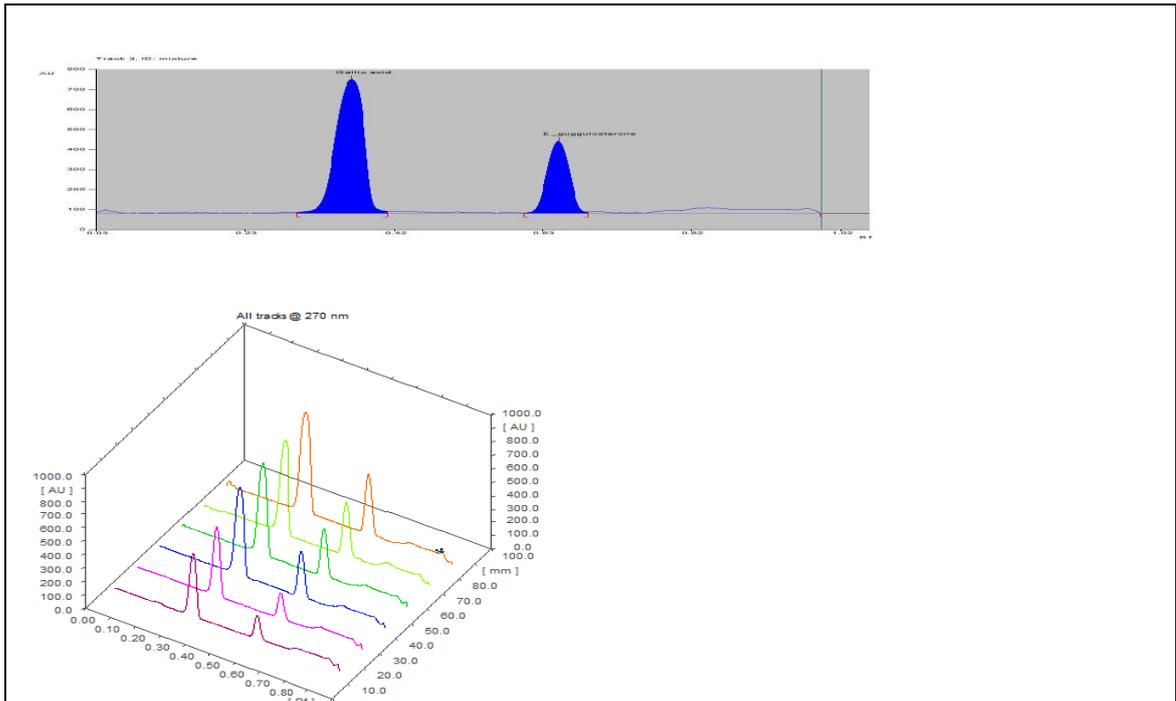
Figure 5: HPLC Chromatogram for developed polyherbal tablet.

Sample	Amount	
	Gallic acid %	Oleanolic acid %
Polyherbal tablet	0.031	0.01

Quantification of markers in laboratory formulated tablet.

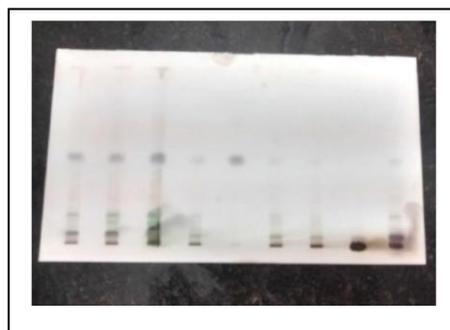
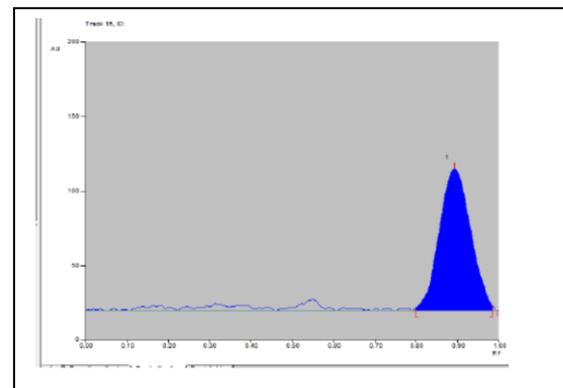
**HPTLC Method Development and Validation of simultaneous estimation of Gallic acid, Oleanolic acid and E-Guggulosterone**

Parameters	Gallic acid	Oleanolic acid	E_Guggulosterone
Retardation factor	0.32	0.68	0.8
Detection wavelength	270 nm		368 nm
Linearity(Correlation coefficient )	0.9987	0.9981	0.9983
Beer's range( $\mu\text{g/ml}$ )	5-30 $\mu\text{g/spot}$		
Regression equation	$y = 661.08x + 8963.6$	$y = 348.26x + 2240.3$	$y = 162.37x + 633.33$
Precision	0.21-1.58	0.14-1.87	0.56-1.54
LOD	0.243	0.512	0.846
LOQ	0.737	1.554	2.563
Accuracy	99.84-100.82	99.14-101.2	98.5-101.2
Robustness	Robust	Robust	Robust



**HPTLC Method for Mahanimbine in *Morraya koinigi* ext.**

Stationary phase Aluminum oxide 150 F254, neutral  
 Mobile phase n- hexane: ethyl acetate (9:1)  
 Calibration range 2- 15 µL  
 Detection Scanned under UV at 254 nm  
 Derivatization 5 or 10% H2SO4 : violet purple spots  
 Regression equation (area wise)  $Y = 610.4x + 164.6$   
 R2 value (area wise) 0.999



Sr.No	Parameter	Values
1	Linearity	$Y = 610.4x + 164.6$
2	R <sub>2</sub> value	0.999
3	Interday precision	(RSD) 0.119451
4	Intraday precision	(RSD) 0.11744
5	Assay	0.66 µg/ml
6	Limit of detection (LOD)	0.0140
7	Limit of quantification (LOQ)	0.0426

8	Recovery	
	80%	100.81%
	100%	98.95%
	120%	99.44%

### **In Silico Method for screening of marker compounds for obesity**

The OB-receptor or leptin receptor (LR) is crucial for energy homeostasis and regulation of food uptake. Leptin is a 16 kDa hormone that is mainly secreted by fat cells into the bloodstream. Under normal circumstances, circulating leptin levels are proportionate to the fat body mass. Sensing of elevated leptin levels by the hypothalamic neuro-circuitry activates a negative feedback loop resulting in reduced food intake and increased energy expenditure.

Work is under progress with other marker compound and other related receptor for obesity.

#### References:

1. Ilze Vermaak, Alvaro M. Viljoen\* and Josias H. Hamman, Natural products in anti-obesity therapy, Nat. Prod. Rep., 2011, 28, 1493–1533
2. Cholesterol and Lipid Lowering Drugs- review
3. Prescription Medications for the Treatment of Obesity, U.S. Department of Health and Human Services, NIDDK
4. C. V. Chandrasekaran<sup>1,2\*</sup>, M. A. Vijayalakshmi<sup>2</sup>, K. Prakash<sup>1</sup>, V. S. Bansal<sup>2</sup>, J. Meenakshi<sup>1</sup>, A. Amit<sup>1</sup>, Review Article: Herbal Approach for Obesity Management, American Journal of Plant Sciences, 2012, 3, 1003-1014
5. Abinaya.K.R and Pavitra.R, Management of Obesity and its Related Disease by herbal drugs, International Journal of Ayurvedic and Herbal Medicine 4:3 (2014) 1470-1479
6. <http://www.aimslim.com>
7. Dixit P1, Prakash T, Karki R, Kotresha D., Anti-obese activity of Butea monosperma (Lam) bark extract in experimentally induced obese rats, Indian J Exp Biol. 2012 Jul;50(7):476-83

8. Neerja Rani, Surendra Kumar Sharma, and Neeru Vasudeva, Assessment of Antiobesity Potential of *Achyranthes aspera* Linn. Seed, Evidence-Based Complementary and Alternative Medicine Volume 2012,
9. WHO guideline for standardization
10. Katie J. Astell, Michael L. Mathai, Xiao Q. Su, Plant extracts with appetite suppressing properties for body weight control:A systematic review of double blind randomized controlled clinical trials, Complementary Therapies in Medicine (2013) 21, 407—416
11. Catherine Ulbricht a, et al, Guggul for hyperlipidemia: A review by the Natural Standard Research Collaboration, Complementary Therapies in Medicine (2005) 13, 279—290