Win When Loose

Obepparalpha

YAGONA 215 mg Capsules

(A Patented blend of Oleoylethanolamide, Valine and Vitamin E)

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Win When Loose

Oleoylethanolamide supplementation in obese patients newly diagnosed with non-alcoholic fatty liver disease:

A Human Clinical Trial

Non-alcoholic fatty liver disease (NAFLD), a serious and growing clinical problem, is strongly associated with obesity, insulin resistance (IR), type 2 diabetes mellitus (T2DM), hyperlipidemia, and metabolic Syndrome

Study Design and Subjects

Obese patients newly diagnosed with NAFLD were recruited in this triple-blind placebo-controlled RCT, conducted. Eligible subjects were adult NAFLD patients, diagnosed with ultrasound aged 20–50 years and body mass index (BMI) between 30–40 K g/m
A total of 76 NAFLD patients were calculated to be in each group (OEA and placebo groups), using the mean (±standard deviation [SD]) of PPAR-α obtained from the RCT

Randomization:

The patients were randomly assigned in a 1:1 ratio to either the OEA (n=38) or placebo group(n=38)

Dosage:

Patients in the intervention group received two 125 mg OEA capsules daily Placebo group received the same amount of starch capsules

Duration of Study: 12 consecutive weeks

End Points:

At pre-and post-intervention phase, mRNA expression levels of PPAR-α, UCP1, and UCP2 genes in the PBMCs, serum levels of metabolic parameters as well as diet and appetite sensations

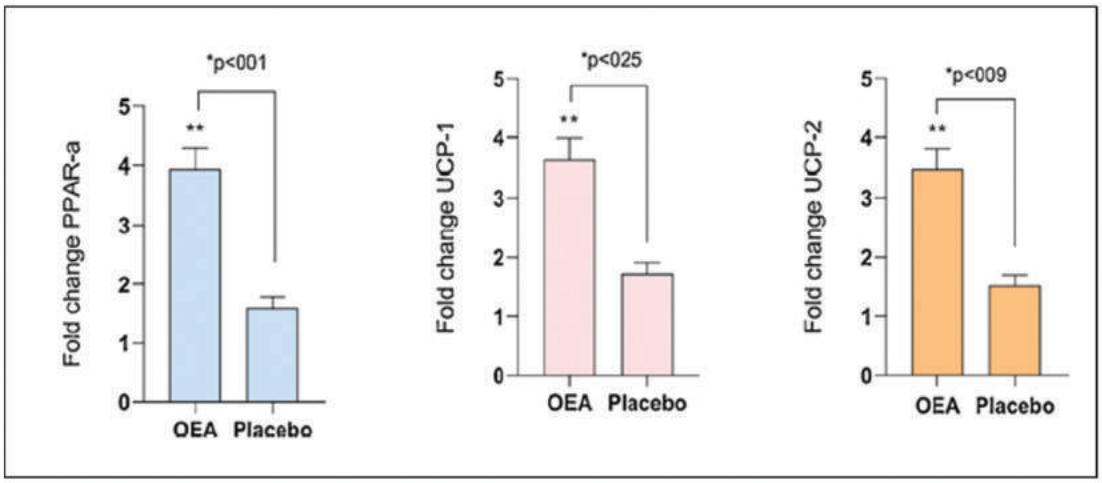

Fig: The effect of intervention on PPAR-α, UCP-1 & UCP-2 expression

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Table: Anthropometric indices and daily dietary intakes and physical activity of the study participants throughout the study

	OEA (n = 38)	Placebo (n = 38)	MD (95 % CI),P
Weight (kg)			
Baseline	90.61 (11.82)	94.54 (9.86)	−3.92 (-8.97, 1.12), 0.125
End	85.20 (11.58)	93.17 (9.18)	−4.37 (-5.82, -2.92), <0.001
MD (95 % CI),P	−5.41 (-6.37, -4.46), < 0.001	−1.36 (-2.51, -0.21), 0.021	
BMI (kg/m2)			
Baseline	33.13 (3.24)	33.41 (3.25)	−0.28 (-1.78, 1.22), 0.712
End	30.88 (3.20)	32.74 (3.27)	−1.59 (-1.98, -1.20), <0.001,<0001
MD (95 % CI),P	−2.24 (-2.57, -1.92), < 0.001	−0.66 (-0.89, -0.44), <0.001	
WC (cm)			
Baseline	106.48 (9.24)	108.45 (8.21)	−1.97 (-6.02, 2.08), 0.335
End	96.64 (10.07)	105.13 (8.29)	−6.71 (-9.00, -4.43), <0.001c, <0.001
MD (95 % CI),P	−9.83 (-11.88, -7.79), < 0.001	−3.32 (-4.44, -2.20), <0.001	
HC (cm)			
Baseline	113.86 (8.37)	113.10 (7.02)	0.75 (-2.82, 4.33), 0.675
End	108.89 (6.74)	111.62 (7.05)	−3.32 (-4.86, -1.78), <0.001,<0.001
MD (95 % CI),P	−4.97 (-6.41, -3.53), < 0.001	−1.48 (-2.46, -0.50), 0.004	
FBS (mg/dl)			
Baseline	90.49 (10.06)	93.84 (10.66)	−3.35 (-8.15, 1.45), 0.169b
End	80.92 (8.77)	89.41 (10.58)	−6.43 (-9.92, -2.95), <0.001, <0.001, <0.014
MD (95 % CI),P	−9.56 (-12.58, -6.54),<0.001	−4.43 (-6.99, -1.87), 0.001	
TG (mg/dl)			
Baseline	155.11 (54.51)	167.89 (60.86)	−12.78 (-39.56, 13.99), 0.344b
End	120.16 (44.27)	148.24 (64.97)	−19.00 (-36.63, -1.37), 0.035, 0.021, 0.139
MD (95 % CI),P	−34.94 (-46.20, -23.68),<0.001		
ALT(IU/L)			
Baseline	36.48 (10, 102)	35.70 (12, 92)	0.78, 0.922g
End	22.05 (6, 39)	30.43 (10, 91)	−5.27 (-0.43, -10.12),0.033,0.039,0.0251
MD (95 % CI),P	−14.43,<0.001	−5.27, 0.001	

OEA, Oleoylethanolamide; BMI, Body mass index; WC, Waist circumference; HC, Hip circumference FBS, Fasting blood sugar, ALT, Alanine aminotransferase TG, Triglyceride

These findings raise the possibility that significant beneficial changes in the above parameters were under the influence of BMI, indicating significant mediation of weight reduction in reporting favourable effects of OEA on these factors.

A significant decrease in the anthropometric indices, energy and carbohydrate intakes, glycemic parameters, except for hemoglobin A1c concentration was also observed in the OEA group, compared to the placebo group.

OEA treatment significantly resulted in decreased serum levels of triglyceride (TG), alanine aminotransferase (ALT), aspartate aminotransferase (AST), ALT/AST, increased serum levels of high-density lipoprotein cholesterol (HDL-C), and improved appetite sensations

In conclusion, the present study, for the first time, revealed that OEA supplementation significantly improved anthropometric and metabolic risk factors related to NAFLD.

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Description-

Obepparalpha is novel approach to manage Body mass index. It is a patented blend that contains Oleoylethanolamide, Valine and Vitamin E.

Indication-

Obepparalpha due to its lipid modulating and anti-inflammatory actions is being indicated for obesity management in following conditions-

- Metabolic Syndrome
- NAFLD (Non-alcoholic Fatty liver disease)

Mechanism of Action-

Obepparalpha works by the following mechanisms in the Obesity conditions:

1. Induces satiety via peripheral nervous system stimulation

2. Modulates the fatty acids through PPAR-α in following way—
   - By increasing the fatty acid uptake
   - By increasing the fatty acid β -oxidation
   - By reducing the synthesis of lipogenesis

3. Exerts anti-inflammatory effect

4. Increases Thermogenesis (Generate heat rather than energy)

Vitamin E has been revealed to possess anti-oxidative, anti-inflammatory, anti-obesity, anti-hyperglycemic, anti-hypertensive and anti-hypercholesterolemic properties. Therefore, vitamin E may exert health benefits on Metabolic syndrome patients.

BAIBA (Metabolite of Valine) acts on PPAR-α to perform the roles of white adipose browning, increase of beta oxidation and decrease in fat creation.

Thus, Obepparalpha presents a NOVEL and SAFER APPROACH towards OBESITY related METABOLIC DISORDERS by modulating β-oxidation of Fats and reducing de-Novo lipogenesis. Further, it regulates many co-factors involved in obesity like inducing satiety- leading to fed state scenario- so there is no excessive dietary fat, attenuating the liver inflammatory cytokines- making the condition less severe and inhibition of cholesterol synthesis which is the main complication in Obesity related Metabolic disorder.

Dosage-

Recommended dose is 1-2 capsules daily 30 min before lunch and/or dinner or as suggested by Healthcare professional.

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