USING HERBAL TEA IN THE TREATMENT MODALITY:
SPECIAL REFERENCE TO SLIMTEA IN OVERWEIGHT
INDIVIDUALS
T.J. VIDYA and Dr. KALA SUHAS KULKARNI,
R&D center, The Himalaya Drug company, Makali,
Bangalore - 562 123 (India)

Received: 18.12.2001                                                                                     Accepted: 26.12.2001

Abstract: Herbal tea blends were famed since ancient times for their medicinal value. There are many weight management methods available including certain drugs, which are however associated with side effects. Herb teas are an easy, safe and effective method for weight control. SlimTea is an herbal tea prepared by the Himalaya Drug company that offers an easy method of weight management in overweight individuals. A study with a group of 35 volunteers between 30-40 years of age and about 4-6 kgs overweight were treated with 2 cups of SlimTea daily, for a period of two months. Initial weight of each individual was compared with the weight at the end of the study. Results indicated a reduction in body weight by 2 kgs, along with decreased edema and a feeling of heaviness of the body. The herbal tea was accepted comfortably without side effects. Hence, SlimTea can be consumed for weight management.

INTRODUCTION

Origin of tea drinking dates back to 2700 Before Common Era in China. Usage of herbal tea is known in Ayurveda since ancient times. Herbal teas were used to relieve pain, heal wounds and maintain health. Herbal teas are not only used to relieve or cure symptoms, but also to restore the body’s normal functioning. An herbal tea is developed to utilize the herb more easily. These are caffeine-free, made form a blend of different herbs. Herbal teas are known for their use for well being, support of the immune system, to aid digestion, for sore throat, common cold, cough and weight management. Various blends of natural herbs such as ginger, black pepper, cardamom, chamomile, jasmine, cinnamon are found in herbal teas.

Excess weight is a common problem resulting from physical and physiological factors like improper dietary habits, lack of exercise—a sedentary lifestyle, endocrine dysfunction and individual genetic substrate, in general and susceptibility gene in particular. Studies have demonstrated that a 20% excess. Over desirable weight has important health risks. It results in fatigue, decreased metabolism and increased risk of non-insulin dependant diabetes, hypertension and heart disease. These individuals are also at a higher risk of developing arthritis, respiratory tract problems, endocrine problems, and gall bladder diseases. Exercise and diet control either alone or in combination with internal medicines are commonly prescribed. These are generally appetite-suppressing drugs, they do not work until continuously taken. Moreover, some of them have known side effects. There are many alternative with reduction methods. The use of herbs may be the safest method to burn excess calories. Oolong tea ancient Chinese, is used in weight reduction. It is rich in Vitamins A, B1, B2, and C, and used along with other herbs for weight reduction. The concept of herbal tea in weight reduction is to provide
the system with herbs that possess laxative, hypolipidemic and diuretic properties that aid in cleansing the system and boosting the metabolism.

Slim Tea, manufactured by the Himalaya Drug company, Bangalore, is an herbal tea for management of excess weight. It is a rejuvenating tea that can be taken as a hot or cold infusion. The present study is aimed to evaluate the efficacy of Slim Tea in overweight individuals.

Prior to the study, in-house acute toxicity studies on laboratory mice established to safety of the herbal tea.

MATERIALS AND METHODS

Thirty-five volunteers in the age group of 30-40 years, of either sex, were included in the study. All of them were found to be 4-6 kgs in excess of their normal body weight according to body mass index. Relevant symptoms like puffiness of face, fatigue and heaviness in the body were recorded. The study was carried out for 16 weeks.

A format related to the preparation, the acceptability and observations was given to all volunteers. Consent was obtained from each after an explanatory of the safety of the herbal tea and the purpose of the study.

A dose of one Slim tea bag (each of 2 gram), two to three times a day, was recommended volunteers were advised to prepare tea as an infusion by dipping the bag for 3-5 minutes in hot water with intermittent stirring, to ensure complete extraction. They were informed to consume the herbal tea fresh and warm. No adjuvant or specific diet was recommended.

They were requested to note the physical characteristics (like color, Flavor, taste) and then subjective feelings (for instance refreshing). Initial weight was recorded before the commencement of the treatment, follow-ups were done at intervals of 15 days to record the findings. Observations of heaviness of the body, edema and body weight were recorded at the end of the treatment.

RESULTS AND DISCUSSION

A reduction in weight up 1.5-2 kgs was observed in all the 35 volunteers at the end of two months. Edema was completely resolved. Heaviness in the body reduced significantly. All volunteers described the herbal tea as a refreshing drink that helped in weight reduction. The flavor and aroma were well accepted. No adverse effects were recorded. The result may be attributed to the cumulative effect of the herb components of Slim Tea.

Slim Tea, contains calcium salts of Garcinia cambogia, Commiphora mukul and Cyperus scariosus. Garcinia cambogia is a new introduction is western herbalism, but was apparently used for thousands of years in China as a nutritional supplement. The organic acid known as hydroxy citric acid (HCA) is the key constituent responsible for its pharmacological activity. The HCA, being unstable, gets converted into its calcium or potassium salt.

Hydroxy citric acid inhibits lipogenesis, lowers the production of cholesterol and fatty acids, increases the production of glycogen in the liver, suppresses appetite and increases body heart by activating the process of thermogenesis.

Hydroxy citric acid appears to work through peripheral, rather than central sites. It work peripherally I the upper digestive tract, and by the suspension of fatty acid synthesis,
results in lower levels of body fat without altering body protein levels.

In the liver, HCA alters metabolic processes by diverting carbohydrates form lipid biosynthesis outside the mitochondria of hepatic cells.

Specifically, HCA prevents enzyme catalysis, and the cleavage of citrate to acetylcoenzyme A and oxaloacetate. This inhibition significantly reduces the synthesis of triglycerides, cholesterol and body fat, without diminishing energy production. The result is a sage loss of body weight4-7.

Commiphora mukul has diuretic, anti-inflammatory, hypolipidemic (reduces fat) and hypocholesterolemic (reduction in cholesterol) effects. Guggulsterones may act by blocking the syntheses of lipids and hence bring sown body weight. Studies have shown that overweight individuals who received guggel-containing remedies lose a significant amount of weight compared to those who do not receive such medicines. Commiphora mukul is also used in treating glandular swellings8-10.

Cyperus scariosus is stimulant, tonic, diruretic, and hepatoprotective11. Oil isolated from the tubers possesses anti-inflammatory activity12.

Usage of herbal tea in filter bags provides convenience of preparation and clarity in the infusion over crude-methods of preparation, wherein the decoction may contain particulate matter that is neither appealing not palatable. Thus, herbal tea showed positive compliance in all the individuals.

Results form the present study and supportive literature on the properties of individual ingredients of Slim Tea, indicate that is could be effectively used in reducing bodyweight in overweight individuals.

REFERENCES:

1. Vidya, T.J. and S.K. Capsule, 41 (3), 1,2001.

2. Weintraub, M., Sundaresan, P.R., Madan, M., Schuster, B., Balder, A., Lasagna, L., and Cox, C. Clin.Pharmacol, Ther., 51,586 1992.

3. Sudhakar, D., Bansal, P., Rajesh, S., and Acharya, M.V. Aynrved-Vikas Sept.-oct., 55,2001.

4. Berkhout, T.A., et al., J. Biochem. 272,181,1990.

5. Brunengraber, et al., Febs Letters 22(3), 343,1972.

6. Sullivan, A.C., Triscari, J., Hamilton, J.G., Nealmiller, O., and Wheatley, V.R. Lipids9(2),121,1972.

7. Watson, J.A., Fang, M., and Lowenstein, J. Arch. Biochem. Biophy., 135,209,1969.

8. Arun, D.B., Deepak, G.D., Sanjeev, J.S., Bharathi, A.J., Madhavi, N.C., Rama, A.V., Ashok, B.V., and Antarkar, D.S.J. Postgrad. Med. 41 (1), 5, 1995.
9. Upadhyaya, B.N., Tripathi, S.N., and Dwivedi, L.D.J. Res Ind med., Yoga homeo, 11,1,1976.

10. Sunanda, P., and Anand, K. Life Sciences, 65 (12), 137, 1999.

11. Gilani, A.U., and Janbaz, K.H. Gen. Pharmacol. 26(3), 627, 1999.

12. Gupta, A.K., Sharma, R.C., Aggarwal, O.P., and Arora, R.B. Ind.J.Exp. Biol., 10(1), 41, 1972.