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Therapeutic response of dietary interventions to obesity in dogs

Dr. YK Meena, S Gupta, SP Pannu and R Tiwari

Abstract
The current study aimed to evaluate the therapeutic response of dietary interventions in obese dogs on the basis of a reduction in initial body weight and improvement in haemato-biochemical parameters after two months of treatment. The experiment was carried out with twenty-four dogs irrespective to breed divided in four groups – Group-I (obese dog treated with natural enzyme-based feed supplements, n=six), Group-II (obese dog treated with low fat and high fiber diet, n=six), Group-III (obese dog treated without any treatment as positive control, n=six), Group-IV (healthy dogs as negative control, n=six).The post-treatment mean values of body weight of the Groups-I and II were significantly lower as compare with dogs of Group-III whereas significantly higher with mean values of body weight of apparently dogs of Group-IV on sixty day. The post-treatment mean values of Hb, PCV, TEC and TLC in Groups-I and II were decrease non significantly as compare to pre-treatment mean values of corresponding groups and also with the mean value of Group-III on sixty day whereas significant difference was found in mean values of these parameters of Group-IV on sixty day. The post-treatment mean values of serum glucose, total protein, albumin, ALT and ALP in Groups-I and II were decrease significantly as compared to pre-treatment mean values of respective groups and also with the mean values of Group-III on sixty day. The post-treatment mean values of total cholesterol, total glycerides, HDL-C and LDL-C of the Groups-I and II were still significantly higher with mean values of these parameters on sixty day of the apparently healthy dogs of Group-IV. Greater rate of reduction in body weight was observed in low fat and high fiber diet in comparison to natural enzyme-based feed supplements, along with significant reduction in clinical parameters in both the groups. It is concluded that dietary intervention used in Group-II was better as comparison to Group-I and needed more time to achieved desired or ideal body weight of breed in obese dogs. it is advice to veterinarian to use dietary intervention method to treat obese dogs for reduction body weight and improving health and life longevity.

Keywords: obesity, dietary intervention, haematology, biochemical

1. Introduction
Amongst various canine disorders, obesity is an escalating global health problem and one of the greatest clinical challenges in contemporary veterinary medicine, which is increasing with a similar trend observed in humans (Scalett *et al*., 1994; McGreevy *et al*., 2005; Veiga *et al*., 2008) [46, 36, 55]. Obesity is most common nutritional disorder of companion animals which is due to the accumulation of excessive amounts of adipose tissues leading to a positive energy balance (Burkholder and Toll, 2000) [4], caused by an imbalance between energy intake and energy expenditure (German, 2006) [17]. A dog is considered to be obese when its body weight exceeds optimum weight for body size by fifteen per cent (Simpson *et al*., 1993; Laflamme, 2001) [50, 32]. Recent studies reported that 34–59% of dogs visiting veterinary practitioners are overweight among which 5–20% are obese (McGreevy *et al*., 2005; Colliard *et al*., 2006; Lund *et al*., 2006; Courcier *et al*., 2010) [36, 6, 34, 7]. Obesity could deteriorate the quality of life in pets as well shorten the life span (German *et al*., 2006) [17] by predisposing to several other diseases such as osteoarthritis, laminitis (Marshall *et al*., 2009) [35] chronic inflammation, hepatic lipidosis and diabetes mellitus (Ettinger *et al*., 2005; Kealy *et al*., 2002; Rand *et al*., 2004) [11, 28, 41]. In obesity, hyperlipidemia is a common finding and characterized by hypercholesterolemia a quantitative increase in circulating lipoproteins (LP) or by a higher lipid concentration in the various LP classes (Mori *et al*., 2011) [37]. There are increased levels of cholesterol, triglycerides, high density lipoproteins cholesterol (HDL-C), low density lipoproteins cholesterol (LDL-C), glucose and blood urea nitrogen along with increased levels of aspartate aminotransferase (AST), alanine aminotransferase (ALT), alkaline phosphatase (ALP) and gamma glutamyl transferase (GGT) in overweight and obese dogs (Tribuddharatana *et al*., 2011) [53].

Obesity in dogs may be associated with dysfunction in multiple organ systems (Radin *et al*., 2009) [39], such as cardiopulmonary diseases (Kume *et al.,* 2009; Bach *et al*., 2007) [29, 1], glucose intolerance, oxidative stress (Laflamme, 2012) [33] and other endocrine disorders (Zoran, 2010) [57]. The main therapeutic option for obesity in dogs includes dietary intervention and increasing physical activity. Therefore, it is preferable to use formulated weight reduction diet, which generally are restricted in fat and energy, while being supplemented in protein and micronutrients and the use of high-fibre diets (to provide satiety). Additional dietary factors that may be benefited in weight loss includes L-carnitine supplementation (to maintain lean mass), conjugated linoleic acid (CLA), hydroxycitric acid (HCA). Manufactured low-calorie dietary formulas often have a high fibre content to provide bulk and may also decrease fat digestibility by modifying pancreatic lipase secretion and reducing binding of bile acids, as well as promoting faster passage through the intestines due to its higher water-holding capacity (Gentry, 1993) [14]. However, the satiety promoted by a high fibre diet alone is questionable and many owners dislike the typical increase in stool volume, which also reduces compliance (Jewell and Toll, 1996; Butterwick and Hawthorne, 1998; Jewell *et al*., 2000) [26, 5, 27]. Many pet owners do not know if the dog is obese, or reason for causative conditions, or do not know why it is dangerous for health of their pets, so they do not spontaneously seek veterinary advice and thus it becomes the duty of the veterinarian to increase the owners' awareness and knowledge about obesity and how the dog is kept at normal body condition, convince owner about ill effects of the obesity and its management and control. Keeping in view the above facts, the present study was carried out to evaluate therapeutic response of dietary intervention on obesity in dogs.

2. Materials and methods

2.1 Selection of Animals

The present study entitled was conducted on adult dogs presented for routine clinical examination/ vaccination in canine out-door of Veterinary Clinical Complex, College of Veterinary and Animal Science, Bikaner, Rajasthan, India. Dogs were considered as obese when body weight excess optimum weight for body size by fifteen per-cent (Simpson *et al*., 1993; Laflamme, 2001) [50, 32]. Body condition score were assigned as whole number value 1 to 9 at the time of visual examination and palpation system (Laflamme, 1990; Burkholder and Toll, 2000) [4, 31]. Four classes of BCS were considered: BCS 1 to 3 (Lean dogs), BCS 4 to 5 (ideal dogs), BCS 6 to 7 (overweight dogs) and BCS 8 to 9 (obese dogs) (Ricci *et al*., 2007) [43]. In present study dogs with BCS 8 to 9 were considered as obese.

The experiment was carried out with twenty-four dogs irrespective to breed divided in four groups – Group-I (obese dog treated with natural enzyme-based feed supplements, n=6), Group- II (obese dog treated with low fat and high fibre diet, n=6), Group-III (obese dog treated without any treatment as positive control, n=6), Group-IV (healthy dogs as negative control, n=6). Dogs in Group (I) were treated with the natural enzyme based feed supplement Calories (Vivaldis Animal Health) at dose rate 5 gm for small dogs (up to 10 kg b.wt), 10-15 gm for medium dogs (11 to 20 kg b.wt), 15-20 gm for large dogs (21 to 40 kg b.wt) and 25-30 gm for extra-large dogs (above 40 kg b.wt), orally for 60 days. During the treatment type of food was unchanged but amount of food was reduced up to 40 per cent (Laflamme, 1990).[31] Each 10 gram of this natural enzyme-based feed supplement was containing *Garcinia cambogia* 32mg, Lipase (50000 units) 16mg, EnQ10 8mg and Excipient Q.S. Dogs in Group (II) were placed on a special high fiber diet (Hill's Prescription Diet, Weight Reduction, R/D) to reduce weight in dogs. This group was fed only this Prescription Diet, for weight reduction for 60 days. The diet was mainly composed of 34.6% protein, 8.2% fat, 38.2% carbohydrate (nitrogen-free extract) and 13.1% crude fiber. The diet presented 25.7% of total dietary fiber (1.6% soluble fibre and 23.5% insoluble fibre; composition by dry matter). The amount of this diet was given as under based on manufacturer recommendations (Hill, 2009).[20] Obese dogs in Group (III) were kept as positive control, whereas apparently healthy normal weight dogs of were kept as negative control (Group-IV).

Body Weight (Kg)	10-15	15-20	20-25	25-30	30-35	35-40	40-45	Above 45
Quantity of feed (Gm)	125	150	200	250	300	350	400	450

Final body weight and blood samples were obtained from all groups of dogs after two month and compared with the initial body weight and haemato-biochemical parameters to evaluate therapeutic response of dietary intervention on obesity.

2.2 Haematological examinations

The blood samples were subjected for estimation of some of the haematological parameters viz. haemoglobin (Hb), packed cell volume (PCV), total erythrocyte count (TEC), total leucocyte count (TLC). These parameters were analysed as per standard haematological methods cited by Schalm's veterinary haematology (Jain, 1986) [24].

2.3 Biochemical estimations

Biochemical analysis of serum were carried out to estimate some of the biochemical parameters viz. serum glucose, serum total protein, albumin, globulin, serum creatinine, blood urea nitrogen (BUN), alkaline phosphatase (ALP), total cholesterol, High density lipoprotein cholesterol (HDL-C) and triglyceride concentrations, and the activities of aspartate aminotransferase (AST), alanine aminotransferase (ALT) and alkaline phosphatase by the standard method. Serum low density lipoprotein cholesterol (LDL-C) and very low-density lipoprotein cholesterol (VLDL-C) concentrations was calculated by Friedewald formula. All the above biochemical parameters were estimated by using the IDEXX Vet Test Chemistry Analyzer. The principles, reagents required, procedure, calculation and precautions used for each of them were followed as per operator's manual.

2.4 Statistical analysis

The data obtained in the present research work was statistically analyzed and compared using standard formulas given for mean, standard error, one way analysis of variance (ANOVA) and t- test as per the procedures explained by Snedecor and Cochran (2004).[51]

3. Results and Discussion

3.1 Body weight

Pre-treatment (Mean ± SE) values of body weight (Kg) in

Group-I, II, III and Group-IV were 49.83±1.37, 51.50±1.83, 51.17±1.51 and 32.87±0.85, respectively and post-treatment (Mean ± SE) values of body weight (Kg) in Group-I, II, III and Group-IV were 45.67±1.11, 43.50±1.48, 51.50±1.68 and 33.25±0.82, respectively (Table1). The pre-treatment mean values of body weight in in Group-I, II, III were significantly higher ($p<0.05$) than those of in Group-IV. The post-treatment mean values of body weight in Group-I and Group-II dogs were decrease significantly ($p<0.05$) as compared to pre-treatment mean values of their respective groups. The post-treatment mean values of body weight of the Group-I and II were significantly lower as compare with dogs of Group-III whereas significantly higher with mean values of body weight of apparently healthy dogs of group-IV on 60th day.

Table 1: Pre and post-treatment (mean ± SE) values of body weight (kg) in groups (G-I, G-II G-III and G-IV)

S. No.	Group	Pre-treatment	Post-treatment
1.	Group-I	49.83 ± 1.37^{bA}	45.67 ± 1.11^{cB}
2.	Group-II	51.50 ± 1.83^{bA}	43.50 ± 1.48^{cB}
3.	Group-III	51.17 ± 1.51^{bA}	51.50 ± 1.68^{bA}
4.	Group-IV	32.87 ± 0.85^{aA}	33.25 ± 0.82^{aA}

Means having different superscript in a row (A, B) differ significantly ($p<0.05$) and means having different superscript in a column (a, b, c) differ significantly ($p<0.05$)

The findings of present study are in accordance with findings of Borne *et al*. (1996), Jackson *et al*. (1997), Heymsfield *et al*. (1998), Diez *et al*. (2004), Yamka *et al*. (2006), Roudebush *et al*. (2009), Toromanyan *et al*. (2007), Fritsch *et al*. (2010), German *et al*. (2010), Sethi, (2011) and Semwal *et al*. (2015) [2, 23, 19, 9, 56, 44, 52, 13, 48, 47] who also found reduction in body weight of dogs were fed with the extract as well as hydroxy citric acid (HCA), an active component of the fruit rind of *Garcinia cambogia*and high fibre diet during weight reduction study. The extracts as well as hydroxy citric acid (HCA), an active component of the fruit rind of *Garcinia cambogia*, exhibited anti-obesity activity including reduced food intake and body fat gain by regulating the serotonin levels related to satiety, increased fat oxidation and decreased de novo lipogenesis (Hayamizdu *et al*. 2003, Sethi, 2011 and Semwal *et al*. 2015) [18, 48, 47]. The dietary fiber provides a satiety effect and causing a voluntary reduction in total calorie consumption in dogs offered food in excess of energy needs resulting decrease body weight (Jackson *et al*. 1997) [23]. Fekete *et al*. (2001) [12] reported that fibre can be used to dilute or reduce the calorie density of foods, which can aid in calorie restriction for weight loss.

3.2 Haemoglobin (Hb)

Pre-treatment (Mean± SE) values of haemoglobin (g/dl) in Group-I, II, III and Group-IV were 15.57±0.89, 15.10±1.10, 15.04±0.99 and 11.98±0.68, respectively and post-treatment (Mean ± SE) values of haemoglobin (g/dl) in Group-I, II, III and Group-IV were 14.00±0.80, 14.53±0.74, 15.05±0.97 and 11.71±0.50, respectively. The post-treatment mean values of haemoglobin in Group-I and Group-II dogs were decrease non significantly as compare to pre-treatment mean values of corresponding groups and also with the mean value of Group-III on 60th day whereas significant difference ($p<0.05$) was found with the mean values of haemoglobin of Group-IV on 60thday.

3.3 Packed Cell Volume (PCV)

Pre-treatment (Mean ± SE) values of PCV (%) in Group-I, II, III and Group-IV were 46.64±2.84, 46.47±3.24, 46.17±2.14 and 33.67±1.58, respectively and post-treatment (Mean ± SE) values of PCV (%) in Group-I, II, III and Group-IV were 43.83±2.91, 42.88±2.67, 44.00±2.67 and 34.00±1.79, respectively. The post-treatment mean values of PCV in Group-I and Group-II dogs were decrease non significantly as compare to pre-treatment mean value of Group-I and Group-II and also with the mean value of group-III on 60th day whereas significant difference ($p<0.05$) was found with the mean values of PCV of group-IV on 60th day.

3.4 Total Erythrocyte Count (TEC)

Pre-treatment (Mean ± SE) values of TEC ($\times10^6$µl) in Group-I, II, III and Group-IV were7.25±0.44,7.12±0.38, 7.15±0.31 and 5.59±0.12, respectively and post-treatment mean ± SE values of TEC ($\times10^6$µl) in Group-I, II, III and Group-IV were 6.63±0.35, 6.25±0.48,7.18±0.35 and 5.38±0.31, respectively. The post-treatment mean values of TEC in Group-I and Group-II dogs were decrease non significantly as compare to pre-treatment mean value of corresponding groups and also with the mean value of Group-III on 60th day whereas significant difference ($p<0.05$) was found with the mean values of TEC of group-IV on 60th day.

3.5 Total Leucocyte Count (TLC)

Pre-treatment (Mean ± SE) values of TLC ($\times10^3$µl) in Group-I, II, III and Group-IV were 12.92±0.82, 12.64±0.78, 12.35±0.98 and 9.40±0.30, respectively and post-treatment (Mean ± SE) values of TLC ($\times10^3$µl) in Group-I, II, III and Group-IV were `11.75±0.48,10.57±1.21, 12.31±0.87 and 9.32±0.32, respectively. There was non-significant difference observed in the post-treatment mean values of TLC in the treated groups-I and II as compared to their pre-treatment values. The post-treatment mean values of TLC of the groups-I and II were differ non significantly with the group-III on 60th day whereas, significantly differ with the apparently healthy dogs of group-IV on 60th day.

3.6 Glucose

Pre-treatment (Mean ± SE) values of serum glucose (mg/dl) in Group-I, II, III and Group-IV were 120.00±5.47, 120.50±5.55, 120.84±5.50 and 88.17±4.44, respectively and post-treatment (Mean ± SE) values of serum glucose (mg/dl) in Group-I, II, III and Group-IV were 99.17±4.16, 100.00±4.47, 118.85±6.45 and 87.42±4.22, respectively (Table 2). The post-treatment mean values of serum glucose in Group-I and Group-II dogs were decrease significantly ($p<0.05$) as compare to pre-treatment mean values of corresponding groups and also with the mean value of Group-III on 60th day. The post-treatment mean values of serum glucose of the groups-I and II were non-significantly differ with mean values of serum glucose of the apparently healthy dogs of Group-IV on 60th day.

Table 2: Pre and post-treatment mean ± SE values of glucose (mg/dl) of dogs of obese groups (G-I, G-II and G-III) and apparently healthy dogs (G-IV)

S. No	Group	Pre-treatment	Post-treatment
1.	Group-I	120.00 ± 5.47^{bA}	99.17 ± 4.16^{aB}
2.	Group-II	120.50 ± 5.55^{bA}	100.00 ± 4.47^{aB}
3.	Group-III	120.84 ± 5.50^{bA}	118.85 ± 6.45^{bA}
4.	Group-IV	88.17 ± 4.44^{aA}	87.42 ± 4.22^{aA}

Means having different superscript in a row (A, B) differ significantly ($p<0.05$) and means having different superscript in a column (a, b) differ significantly ($p<0.05$)

The possible reason of decrease serum glucose in treated group-I obese dogs may be the *Garcinia combogia* crude extract or constituents from the plant which reported to have hypolipidemic and antidiabetic activities in *in vitro* and *in vivo* models (Semwal *et al*. 2015) [47]. The present findings are in agreement with Yamka *et al.* (2006), German *et al.* (2007), Bouthegourd *et al.* (2009), Diez *et al.* (2004) and De Marchi *et al*. (2018) [56, 15, 3, 9, 8] who also found lower glucose value in weight reduction programme by using high fibre and high protein diet.

3.7 Total protein

Pre-treatment (Mean ± SE) values of serum total protein (g/dl) in Group-I, II, III and Group-IV were 7.82±0.36, 7.97±0.29, 7.99±0.17 and 6.52±0.42, respectively and post-treatment (Mean ± SE) values of serum total protein (g/dl) in Group-I, II, III and Group-IV were 6.77±0.33, 6.85±0.29, 7.78±0.17 and 6.88±0.22, respectively (Table 7). The post-treatment mean values of serum total protein in Group-I and Group-II dogs were decrease significantly ($p<0.05$) as compare to pre-treatment mean values of corresponding groups and also with the mean value of Group-III on 60th day. The post-treatment mean values of serum total protein of the Groups-I and II were non-significantly differ with mean values of serum albumin on 60th day of the apparently healthy dogs of group-IV.

3.8 Albumin

Pre-treatment (Mean ± SE) values of serum albumin (g/dl) in Group-I, II, III and Group-IV were 4.04±0.27, 3.89±0.12, 4.14±0.16 and 3.42±0.12, respectively and post-treatment (Mean ± SE) values of serum albumin (g/dl) in Group-I, II, III and Group-IV were 3.28±0.26, 3.48±0.37, 4.17±0.17 and 3.32±0.16, respectively (Table 8). The post-treatment mean values of serum albumin in Group-I and Group-II dogs were decrease significantly ($p<0.05$) as compare to pre-treatment mean values of corresponding groups and also with the mean value of Group-III on 60th day. The post-treatment mean values of serum albumin of the Groups-I and II were non-significantly differ with mean values of serum albumin on 60th day of the apparently healthy dogs of Group-IV.

3.9 Globulin

Pre-treatment (Mean ± SE) values of serum globulin (g/dl) in Group-I, II, III and Group-IV were 3.79±0.16, 4.08±0.24, 3.85±0.09 and 3.10±0.35, respectively and post-treatment (Mean ± SE) values of globulin (g/dl) in Group-I, II, III and Group-IV were 3.48±0.21, 3.37±0.28, 3.61±0.09 and 3.56±0.31, respectively (Table 2). There was non significant difference were found in the post-treatment mean values of serum globulin in the treated Groups-I and II as compared to their pre-treatment values and also with the mean values of globulin of Group-IV apparently healthy dogs whereas, the post-treatment mean values of globulin of the Groups-I and II were significantly differ with mean values of globulin of the obese dogs of Group-III on 60th day.

Table 3: Pre and post-treatment mean ± SE values of Globulin (g/dl) of dogs of obese groups (G-I, G-II and G-III) and apparently healthy dogs (G-IV)

S. No	Group	Pre-treatment	Post-Treatment
1.	Group-I	3.79 ± 0.16^{bA}	3.48 ± 0.21^{aA}
2.	Group-II	4.08 ± 0.24^{bA}	3.37 ± 0.28^{aA}
3.	Group-III	3.85 ± 0.09^{bA}	3.61 ± 0.09^{bA}
4.	Group-IV	3.10 ± 0.35^{aA}	3.56 ± 0.31^{aA}

Means having different superscript in a row (A, B) differ significantly ($p<0.05$) and means having different superscript in a column (a, b) differ significantly ($p<0.05$)

The findings of present study is in accordance with Yamka *et al.* (2006) [56] who reported a significant decrease in total protein, albumin and non-significant difference in serum globulin value when fed Prescription Diet® r/d® dry or canned for 90 days during weight loss study in dogs. Diez *et al*. (2002) and De Marchi *et al*. (2018) [10, 8] who also found significantly decrease in serum total protein value after weight reduction.

3.10 Alanine aminotransferase (ALT)

Pre-treatment (Mean ± SE) values of ALT (IU/L) in Group-I, II, III and Group-IV were 73.42±7.86, 73.50±8.82, 70.34±8.33 and 54.67±5.29, respectively and post-treatment (Mean ± SE) values of ALT (IU/L) in Group-I, II, III and Group-IV were 56.82±5.98, 58.12±5.04, 71.27±8.78 and 57.18±5.25, respectively (Table 4). The post-treatment mean values of ALT in Group-I and Group-II dogs were decrease significantly ($p<0.05$) as compare to pre-treatment mean value of corresponding groups and also with the mean value of Group-III on 60th day. The post-treatment mean values of ALT of the Groups-I and II were non-significantly differ with mean values of ALT of the apparently healthy dogs of Group-IV on 60th day.

Table 4: Pre and post-treatment mean ± SE values of ALT (IU/L) of dogs of obese groups (G-I, G-II and G-III) and apparently healthy dogs (G-IV)

S. No	Group	Pre-treatment	Post-Treatment
1.	Group-I	73.42 ± 7.86^{bA}	56.82 ± 5.98^{aB}
2.	Group-II	73.50 ± 8.82^{bA}	58.12 ± 5.04^{aB}
3.	Group-III	70.34 ± 8.33^{bA}	71.27 ± 8.78^{bA}
4.	Group-IV	54.67 ± 5.29^{aA}	57.18 ± 5.25^{aA}

Means having different superscript in a row (A, B) differ significantly ($p<0.05$) and means having different superscript in a column (a, b) differ significantly ($p<0.05$)

Similar finding was also noted by Yamka *et al*. (2006) [56] who also found lower value of ALT during weight reduction program by using high fibre and high protein diet in dogs.

3.11 Aspartate aminotransferase (AST)

Pre-treatment (Mean ± SE) values of AST (IU/L) in Group-I, II, III and Group-IV were 27.64±2.14, 26.82±2.10, 27.10±2.08 and 25.44±3.28, respectively and post-treatment (Mean ± SE) values of AST (IU/L) in Group-I, II, III and Group-IV were 27.00±1.27, 26.90±1.75, 27.02±1.41 and 24.83±2.48, respectively. There was non-significant difference were found in the post-treatment mean values of AST in the treated Groups-I and II as compared to their pre-treatment values and similarly the post-treatment mean values of AST of the Groups-I and II were differ non-significantly as compared to mean value of Group-III and apparently healthy dogs of Group-IV on 60th day.

3.12 Alkaline phosphatase (ALP)

Pre-treatment (Mean ± SE) values of ALP (IU/L) in Group-I, II, III and Group-IV were 126.00±17.96, 127.50±17.79, 127.33±18.10 and 70.84±2.44, respectively and post-treatment (Mean ± SE) values of ALP (IU/L) in Group-I, II, III and Group-IV were 108.41±16.64, 108.33±14.64, 122.27±19.88 and 72.50±0.89, respectively (Table 5). The post-treatment mean values of ALP in Group-I and Group-II dogs were decrease significantly ($p<0.05$) as compare to pre-treatment mean value of same groups and also with the mean values of Group-III on 60th day. The post-treatment mean values of ALP of the Groups-I and II were non-significantly differ with mean values of ALP of the apparently healthy dogs of Group-IV on 60th day.

Table 5: Pre and post-treatment mean ± SE values of ALP (IU/L) of dogs of obese groups (G-I, G-II and G-III) and apparently healthy dogs (G-IV)

S. No	Group	Pre-treatment	Post-Treatment
1.	Group-I	126.00 ± 17.96^{bA}	108.42 ± 16.64^{aB}
2.	Group-II	127.50 ± 17.79^{bA}	108.33 ± 14.64^{aB}
3.	Group-III	127.34 ± 18.10^{bA}	122.27 ± 19.88^{bA}
4.	Group-IV	70.84 ± 2.44^{aA}	72.50 ± 0.89^{aA}

Means having different superscript in a row (A, B) differ significantly ($p<0.05$) and means having different superscript in a column (a, b) differ significantly ($p<0.05$)

The present findings are in agreement with Kutsunai *et al*. (2014) [30] and De Marchi *et al*. (2018) [8] who also found significantly lower values of ALP after weight reduction with calorie restriction diet and contrary to Yamka *et al*. (2006) [56] who also reported non-significant decrease values of ALP during weight reduction program by using high fibre and high protein diet.

3.13 Blood urea nitrogen

Pre-treatment (Mean ± SE) values of BUN (mg/dl) in Group-I, II, III and Group-IV were 15.19±1.03, 15.64±1.32, 14.82±1.21 and 14.72±1.18, respectively and post-treatment (Mean ± SE) values of BUN (mg/dl) in Group-I, II, III and Group-IV were 15.25±0.95, 15.72±1.02, 15.07±1.20 and 14.97±0.96, respectively. There was non significant difference were found in the post-treatment mean values of BUN in the treated Groups-I and II as compared to their pre-treatment values and similarly the post-treatment mean values of BUN of the Groups-I and II were differ non-significantly as compared to mean values of group-III and apparently healthy dogs of Group-IV on 0th and 60th days.

3.14 Creatinine

Pre-treatment (Mean ± SE) values of serum Creatinine (mg/dl) in Group-I, II, III and Group-IV were 0.98±0.17, 0.96±0.12, 0.97±0.05 and 0.90±0.08, respectively and post-treatment (Mean ± SE) values of creatinine (mg/dl) in Group-I, II, III and Group-IV were 0.98±0.14, 0.99±0.07, 1.04±0.06 and 1.02±0.02, respectively. There was non significant difference were found in the post-treatment mean values of creatinine in the treated Groups-I and II as compared to their pre-treatment values and similarly the post-treatment mean values of creatinine of the Groups-I and II were differ non significantly as compared to mean values of Group-III and apparently healthy dogs of group-IV on 0th and 60th days. The present findings are agreement with Yamka *et al.* (2006),[56] Diez *et al*. (2002) [10] and De Marchi *et al*. (2018) [8] who also found no significant difference in BUN and creatinine value after weight reduction program by using high fibre and high protein diet.

3.15 Total Cholesterol

Pre-treatment (Mean ± SE) values of total cholesterol (mg/dl) in Group-I, II, III and Group-IV were 287.50±18.02, 285.00±16.08, 283.50±16.54 and 158.04±22.02, respectively and post-treatment (Mean ± SE) values of total cholesterol (mg/dl) in Group-I, II, III and Group-IV were 229.83±12.60, 220.83±5.69, 285.30±16.63 and 158.37±21.69, respectively (Table 6). The post-treatment mean values of total cholesterol in Group-I and Group-II dogs were decrease significantly ($p<0.05$) as compare to pre-treatment mean value of their respective groups and also with the mean value of Group-III on 60th day. The post-treatment mean values of total cholesterol of the treated Groups-I and II were still significantly higher with mean values of total cholesterol on 60th day of the apparently healthy dogs of Group-IV.

Table 6: Pre and post-treatment mean ± SE values of Total Cholesterol (mg/dl) of dogs of obese groups (G-I, G-II and G-III) and apparently healthy dogs (G-IV)

S. No	Group	Pre-treatment	Post-Treatment
1.	Group-I	287.50±18.02^{bA}	229.83±12.60^{cB}
2.	Group-II	285.00±16.08^{bA}	220.83±5.69^{cB}
3.	Group-III	283.50±16.54^{bA}	285.30±16.63^{bA}
4.	Group-IV	158.04±22.02^{aA}	158.37±21.69^{aA}

Means having different superscript in a row (A, B) differ significantly (p<0.05) and means having different superscript in a column (a, b, c) differ significantly (p<0.05)

3.16 Total triglyceride

Pre-treatment (Mean ± SE) values of total triglyceride (mg/dl) in Group-I, II, III and Group-IV were 142.50±12.57, 142.34±11.08, 140.67±11.13 and 91.80±8.38, respectively and post-treatment (Mean ± SE) values of total triglyceride (mg/dl) in Group-I, II, III and Group-IV were 107.62±9.85, 111.50±8.84, 140.52±11.14 and 91.75±8.43, respectively (Table 7). The post-treatment mean values of total triglyceride in Group-I and Group-II dogs were decrease significantly (p<0.05) as compared to pre-treatment mean value of corresponding groups and also with the mean value of Group-III on 60th day. The post-treatment mean values of total triglyceride of the treated Groups-I and II were still significantly differ with mean values of total triglyceride on 60th day of the apparently healthy dogs of Group-IV.

Table 7: Pre and post-treatment mean ± SE values of total triglyceride (mg/dl) of dogs of obese groups (G-I, G-II and G-III) and apparently healthy dogs (G-IV)

S. No	Group	Pre-treatment	Post-Treatment
1.	Group-I	142.50±12.57^{bA}	107.62±9.85^{cB}
2.	Group-II	142.34±11.08^{bA}	111.50±8.84^{cB}
3.	Group-III	140.67±11.13^{bA}	140.52±11.14^{bA}
4.	Group-IV	91.80±8.38^{aA}	91.75±8.43^{aA}

Means having different superscript in a row (A, B) differ significantly (p<0.05) and means having different superscript in a column (a, b,c) differ significantly (p<0.05)

3.17 High density lipoprotein cholesterol (HDL-C)

Pre-treatment (Mean ± SE) values of HDL-C (mg/dl) in Group-I, II, III and Group-IV were 120±11.03, 124.34±12.26, 123.5±10.53 and 91.17±8.25, respectively and post-treatment (Mean ± SE) values of HDL-C (mg/dl) in Group-I, II, III and Group-IV were 102.33±8.65, 106.00±8.41, 133.50±7.25 and 95.00±5.53, respectively (Table 8). The post-treatment mean values of HDL-C in Group-I and Group-II dogs were decrease significantly (p<0.05) as compare to pre-treatment mean value of corresponding groups and also with the mean value of Group-III on 60thday.The post-treatment mean values of HDL-C of the Groups-I and II were non-significantly higher (p<0.05) with mean values of HDL-C of the apparently healthy dogs of Group-IV on 60th day.

Table 8: Pre- and post-treatment mean ± SE values of HDL-C (mg/dl) of dogs of obese groups (G-I, G-II and G-III) and apparently healthy dogs (G-IV)

S. No.	Group	Pre-treatment	Post-Treatment
1.	Group-I	120.00±11.03^{bA}	102.33±8.65^{aB}
2.	Group-II	124.34±12.26^{bA}	106.00±8.41^{aB}
3.	Group-III	123.50±10.53^{bA}	133.50±7.25^{bA}
4.	Group-IV	91.17±8.25^{aA}	95.00±5.53^{aA}

Means having different superscript in a row (A, B) differ significantly (p<0.05) and means having different superscript in a column (a, b) differ significantly (p<0.05)

3.18 Low density lipoprotein cholesterol (LDL-C)

Pre-treatment (Mean ± SE) values of LDL-C (mg/dl) in Group-I, II, III and Group-IV were 139.00±14.41, 132.20±21.31, 131.86±23.12 and 48.50±15.53, respectively and post-treatment (Mean ± SE) values of LDL-C (mg/dl) in Group-I, II, III and Group-IV were 105.97±12.00, 97.53±13.74, 123.69±17.97 and 45.01±17.44, respectively (Table 9). The post-treatment mean values of LDL-C in Group-I and Group-II dogs were decrease significantly (p<0.05) as compare to pre-treatment mean value of their respective groups and also with the mean value of Group-III on 60th days. The post-treatment mean values of LDL-C of the Groups-I and II were still significantly higher (p<0.05) with mean values of LDL-C on 60th day of the apparently healthy dogs of Group-IV.

Table 9: Pre- and post-treatment mean ± SE values of LDL-C (mg/dl) of dogs of obese groups (G-I, G-II and G-III) and apparently healthy dogs (G-IV)

S. No.	Group	Pre-treatment	Post-Treatment
1.	Group-I	139.00±14.41^{bA}	105.97±12.00^{CB}
2.	Group-II	132.20±21.31^{bA}	97.53±13.74^{cB}
3.	Group-III	131.86±23.12^{bA}	123.69±17.97^{bA}
4.	Group-IV	48.50±15.53^{aA}	45.01±17.44^{aA}

Means having different superscript in a row (A, B) differ significantly (p<0.05) and means having different superscript in a column (a, b, c) differ significantly (p<0.05)

3.19 Very low-density lipoprotein cholesterol (VLDL-C)
Pre-treatment (Mean ± SE) values of VLDL-C (mg/dl) in Group-I, II, III and Group-IV were 28.50±2.51, 28.47±2.22, 28.14±2.23 and 18.36±1.68, respectively and post-treatment (Mean ± SE) values of VLDL-C (mg/dl) in Group-I, II, III and Group-IV were 21.52±1.97, 22.30±1.76, 28.10±2.23 and 18.35±1.69, respectively (Table 10). The post-treatment mean values of VLDL-C in Group-I and Group-II dogs were decrease non significantly ($p<0.05$) as compare to pre-treatment mean value of their respective groups and also with mean value of Group-III and Group-IV on 60thdays. In the present investigation there was significant decrease in the post-treatment mean values of total cholesterol, total triglycerides, HDL-C and VLD-C in Group-I as compared to their pre-treatment values. These findings are in confirmatory with findings of Hayamizu *et al*. (2003),[18] Satio *et al*. (2005) [45] Semwal *et al*. (2015) [47] and Raina *et al*. (2016) [40] who also reported significant reduction in these parameters when obese dogs were fed extracts as well as hydroxy citric acid (HCA), an active component of the fruit rind of *Garcinia cambogia* feed supplement during weight reduction studies.

Table 10: Pre and post-treatment mean ± SE values of VLDL-C (mg/dl) of dogs of obese groups (G-I, G-II and G-III) and apparently healthy dogs (G-IV)

S. No	Group	Pre-treatment	Post-Treatment
1.	Group-I	28.50 ± 2.51^{bA}	21.52 ± 1.97^{abA}
2.	Group-II	28.47 ± 2.22^{bA}	22.30 ± 1.76^{abA}
3.	Group-III	28.14 ± 2.23^{bA}	28.10 ± 2.23^{bA}
4.	Group-IV	18.36 ± 1.68^{aA}	18.35 ± 1.69^{aA}

Means having different superscript in a row (A, B) differ significantly ($p<0.05$) and means having different superscript in a column (a, b) differ significantly ($p<0.05$)

The possible reason for significant improvement in group-I with *Garcinia cambogia* is due to its active component hydroxy citric acid (HCA). Hydroxycitric acid (HCA) is a competitive inhibitor of adenosine triphosphate-citrate lyase, the enzyme that catalyzes the extra mitochondrial cleavage of citrate to oxaloacetate and acetyl-coenzyme A thus limiting the availability of two carbon units required for fatty acid and cholesterol biosynthesis and suppresses de novo fatty acid synthesis. (Jena *et al*., 2002; Hayamizu *et al*., 2003; Semwal *et al*., 2015; Raina *et al*., 2016) [25, 18, 47, 40].
In the present study there was significant decrease in the post-treatment mean values of total cholesterol, total triglycerides, HDL-C and VLD-C in group-II as compared to their pre-treatment values. Similar findings were also observed by Diez *et al*. (2004), Yamaka *et al*. (2006), Bouthegourd *et al*. (2009) Diez *et al*. (2002) and De Marchi *et al*. (2018) [9,56,3,10,8] in obese dogs when fed high fiber diet during weight reduction programme. Yamaka *et al*. (2006) [56] have also reported the use of a diet rich in fibre is suitable for performing effective and safe weight loss program and during the study obese dogs showed a significant reduction in glucose, cholesterolemia, serum alkaline phosphatase. The crude extract or constituents of fruit rind of *Garcinia cambogia* also exerted hypolipidemic, antidiabetic, anti-inflammatory, anticancer, anthelmintic, anticholinesterase and hepatoprotective activities *in vitro* and *in vivo* models (Semwal *et al*., 2015) [47].

4. Conclusions
The present study was conducted to evaluate haemato-biochemical changes and therapeutic response of dietary intervention in dogs suffering with obesity. Evaluation of therapeutic response of dietary interventions on obesity was estimated on the basis of reduction in initial body weight, and improvement in haemato-biochemical parameters of the obese dogs after treatment. Greater rate of reduction in body weight was observed in low fat and high fiber diet in comparison to natural enzyme-based feed supplements, along with significant reduction in glucose, total protein, albumin, ALT, ALP, total cholesterol, total triglycerides, HDL-C and LDL-C in both the groups. It is concluded that dietary intervention used in Group-II was better as comparison to Group-I and needed more time to achieved desired or ideal body weight of breed in obese dogs.

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6. References
1. Bach JF, Rozanski EA, Bedenice D, Chan DL, Freeman LM, Lofgren JL, *et al*. Association of expiratory airway dysfunction with marked obesity in healthy adult dogs. American journal of veterinary research 2007;68(6):670-675.
2. Borne AT, Wolfsheimer KJ, Truett AA, Kiene J, Wojciechowski T, Davenport DJ, *et al*. Differential metabolic effects of energy restriction in dogs using diets varying in fat and fiber content. Obesity research 1996;4(4):337-345.
3. Bouthegourd JC, Kelly M, Clety N, Tardif S, Smeets D. Effects of weight loss on heart rate normalization and increase in spontaneous activity in moderately exercised overweight dogs. The Journal of Applied Research in Veterinary Medicine 2009;7(4):153.
4. Burkholder WJ, Toll PW. Small animal clinical nutrition. Mark Morris Institute 2000, 1192.
5. Butterwick RF, Hawthorne AJ. Advances in dietary management of obesity in dogs and cats. The Journal of nutrition 1998;128(12):2771-2775.
6. Colliard L, Ancel J, Benet JJ, Paragon BM, Blanchard G. Risk factors for obesity in dogs in France. The Journal of nutrition 2006;136(7):1951-1954.
7. Courcier EA, Thomson RM, Mellor DJ, Yam PS. An

epidemiological study of environmental factors associated with canine obesity. Journal of Small Animal Practice 2010;51(7):362-367.
8. de Marchi PN, Cardoso MJ, Fagnani R, Calesso JR, Melussi M, de Araújo Machado LH. Metabolic Parameters in Obese Dogs Undergoing to the Diet with Calorie Restriction. Open Journal of Veterinary Medicine 2018;8(03):25.
9. Diez M, Michaux C, Jeusette I, Baldwin P, Istasse L, Biourge V. Evolution of blood parameters during weight loss in experimental obese Beagle dogs. Journal of animal physiology and animal nutrition 2004;88(3-4):166-171.
10. Diez M, Nguyen P, Jeusette I, Devois C, Istasse L, Biourge V. Weight loss in obese dogs: evaluation of a high-protein, low-carbohydrate diet. The Journal of nutrition 2002;132(6):1685-1687.
11. Ettinger SJ, Feildman C, Edward C. CPV susceptibility in dogs. Textbook of veterinary internal medicine. WB Saunder Company 1995.
12. Fekete S, Hullar I, Andrasofszky E, Rigo Z, Berkenyi T. Reduction of the energy density of cat foods by increasing their fibre content with a view to nutrients' digestibility. Journal of animal physiology and animal nutrition 2001;85(7-8):200-204.
13. Fritsch DA, Ahle NW, Jewell DE, Allen TA, Brejda J, Leventhal PS, *et al*. A High-Fiber Food Improves Weight Loss Compared to a High-Protein, High-Fat Food in Pet Dogs in a Home Setting. International Journal of Applied Research in Veterinary Medicine 2010;8(3).
14. Gentry SJ. Results of the clinical use of a standardized weight-loss program in dogs and cats. Journal (USA), ISSN : 0587-287, 1993.
15. German AJ, Holden SL, Bissot T, Hackett RM, Biourge V. Dietary energy restriction and successful weight loss in obese client-owned dogs. Journal of Veterinary Internal Medicine 2007;21(6):1174-1180.
16. German AJ, Holden SL, Bissot T, Morris PJ, Biourge V. A high protein high fibre diet improves weight loss in obese dogs. The Veterinary Journal 2010;183(3):294-297.
17. German AJ, Holden SL, Moxham GL, Holmes KL, Hackett RM, Rawlings JM. A simple, reliable tool for owners to assess the body condition of their dog or cat. The Journal of nutrition 2006;136(7):2031-2033.
18. Hayamizu K, Ishii Y, Kaneko I, Shen M, Okuhara Y, Shigematsu N, *et al*. Effects of Garcinia cambogia (Hydroxycitric Acid) on visceral fat accumulation: a double-blind, randomized, placebo-controlled trial. Current therapeutic research 2003;64(8):551-567.
19. Heymsfield SB, Allison DB, Vasselli JR, Pietrobelli A, Greenfield D, Nunez. C Garcinia cambogia (hydroxycitric acid) as a potential antiobesity agent: a randomized controlled trial. Journal of the American Medical Association 1998;280(18):1596-1600.
20. Hill RC. Nutritional therapies to improve health: lessons from companion animals: Conference on 'Multidisciplinary approaches to nutritional problems' Symposium on 'Nutrition and health'. Proceedings of the Nutrition Society 2009;68(1):98-102.
21. Onakpoya I, Hung SK, Perry R, Wider B, Ernst E. The use of Garcinia extract (hydroxycitric acid) as a weight loss supplement: a systematic review and meta-analysis of randomised clinical trials. Journal of obesity 2011.
22. Ishihara K, Oyaizu S, Onuki K, Lim K, Fushiki T. Chronic (-)-hydroxycitrate administration spares carbohydrate utilization and promotes lipid oxidation during exercise in mice. The Journal of nutrition 2000;130(12):2990-2995.
23. Jackson JR, Laflamme DP, Owens SF. Effects of dietary fiber content on satiety in dogs. Veterinary Clinical Nutrition 1997;4:130-134.
24. Jain NC. Schalms Veterinary Haematology. 4th ed. Lea and Febiger, Philadelphia, USA,1168, 1986.
25. Jena BS, Jayaprakasha GK, Singh RP, Sakariah KK. Chemistry and biochemistry of (−)-hydroxycitric acid from Garcinia. Journal of agricultural and food chemistry 2002;50(1):10-22.
26. Jewell DE, Toll PW. Effects of fiber on food intake. Veterinary Clinical Nutrition 1996;3:115-118.
27. Jewell DE, Toll PW, Novotny BJ. Satiety reduces adiposity in dogs. Veterinary Therapeutic 2000;1(1):17-23.
28. Kealy RD, Lawler DF, Ballam JM, Mantz SL, Biery DN, Greeley EH, *et al*. Effects of diet restriction on life span and age-related changes in dogs. Journal of the American Veterinary Medical Association 2002;220(9):1315-1320,
29. Kume T, Kawamoto T, Okura H, Neishi Y, Hashimoto K, Hayashida A, *et al*. Evaluation of coronary endothelial function by catheter-type NO sensor in high-fat-diet-induced obese dogs. Circulation Journal 2009;73(3):562-567.
30. Kutsunai M, Kanemoto H, Fukushima K, Fujino Y, Ohno K, Tsujimoto H. The association between gall bladder mucoceles and hyperlipidaemia in dogs: a retrospective case control study. The Veterinary Journal 2014;199(1):76-79.
31. Laflamme DR. Development and validation of a body condition score system for dogs. Canine Practice (Santa Barbara, California (USA) 1997. ISSN: 1057-6622, 1990
32. Laflamme DR. Challenges with Weight-Loss Studies. Compendium on Continuing Education for the Practicing Veterinarian 2001;23(9):45-50,
33. Laflamme DP. Companion animals symposium: obesity in dogs and cats: what is wrong with being fat?. Journal of animal science 2012;90(5):1653-1662.
34. Lund EM, Armstrong PJ, Kirk CA, Klausner JS. Prevalence and risk factors for obesity in adult dogs from private US veterinary practices. International Journal of Applied Research in Veterinary Medicine 2006;4(2):177.
35. Marshall WG, Bockstahler BA, Hulse DA, Carmichael S. A review of osteoarthritis and obesity: current understanding of the relationship and benefit of obesity treatment and prevention in the dog. Veterinary and Comparative Orthopaedics and Traumatology 2009;22(05):339-345.
36. McGreevy PD, Thomson PC, Pride C, Fawcett A, Grassi T, Jones B. Prevalence of obesity in dogs examined by Australian veterinary practices and the risk factors involved. Veterinary Record 2005;156(22):695-702.
37. Mori N, Lee P, Kondo K, Kido T, Saito T, Arai T. Potential use of cholesterol lipoprotein profile to confirm obesity status in dogs. Veterinary research communications 2011;35(4):223-235.
38. Ohia SE, Opere CA, LeDay AM, Bagchi M, Bagchi D, Stohs SJ. Safety and mechanism of appetite suppression by a novel hydroxycitric acid extract (HCA-SX). Molecular and cellular biochemistry 2002;238(1):89-103.

39. Radin MJ, Sharkey LC, Holycross BJ. Adipokines: A review of biological and analytical principles and an update in dogs, cats, and horses. Veterinary clinical pathology 2009;38(2):136-156.
40. Raina R, Mondhe DM, Malik JK, Gupta RC. Nutraceuticals: Efficacy, Safety and Toxicity. 1st ed., Academic Press, 2016, 669-680.
41. Rand JS, Fleeman LM, Farrow HA, Appleton DJ, Lederer R. Canine and feline diabetes mellitus: nature or nurture?. The Journal of nutrition 2004;134(8):2072-2080.
42. Rao RN, Sakariah KK. Lipid-lowering and antiobesity effect of (−) hydroxycitric acid. Nutrition Research, 1988;8(2):209-212.
43. Ricci R, Gottardo F, Ferlito JC, Stefani A, Ravarotto L and Andrighetto I. Body condition score (BCS) and metabolic status of shelter dogs. Italian Journal of Animal Science 2007;6(1):859-861.
44. Roudebush P, Schoenherr WD, Delaney SJ. An evidence-based review of the use of therapeutic foods, owner education, exercise, and drugs for the management of obese and overweight pets. Journal of the American Veterinary Medical Association 2008;233(5):717-725.
45. Saito M, Ueno M, Ogino S, Kubo K, Nagata J, Takeuchi M. High dose of Garcinia cambogia is effective in suppressing fat accumulation in developing male Zucker obese rats, but highly toxic to the testis. Food and Chemical Toxicology 2005;43(3):411-419.
46. Scarlett JM, Donoghue S, Saidla J, Wills J. Overweight cats: prevalence and risk factors. International journal of obesity and related metabolic disorders: Journal of the International Association for the Study of Obesity 1994;18:22-28.
47. Semwal RB, Semwal DK, Vermaak I, Viljoen A. A comprehensive scientific overview of Garcinia cambogia. Fitoterapia 2015;102:134-148.
48. Sethi A. A review on Garcinia cambogia-a weight controlling agent. International Journal of Pharmaceutical Research and Development 2011;3:13-24.
49. Shara M, Ohia SE, Schmidt RE, Yasmin T, Zardetto-Smith A, Kincaid A, *et al*. Physico-chemical properties of a novel (—)-hydroxycitric acid extract and its effect on body weight, selected organ weights, hepatic lipid peroxidation and DNA fragmentation, hematology and clinical chemistry, and histopathological changes over a period of 90 days. Molecular and Cellular Biochemistry 2004;260(1):171-86.
50. Simpson JW, Anderson RS, Markwell PJ. Clinical nutrition of the dog and cat. Blackwell Scientific Publications 1993, 151.
51. Snedecor GW, Cocharan WG. Statistical methods, 8thed. Low State University Prees, USA, Oxford and IBH publication. New Delhi 2004, 591.
52. Toromanyan E, Aslanyan G, Amroyan E, Gabrielyan E, Panossian A. Efficacy of Slim339® in reducing body weight of overweight and obese human subjects. Phytotherapy Research: An International Journal Devoted to Pharmacological and Toxicological Evaluation of Natural Product Derivatives 2007;21(12):1177-1181.
53. Tribuddharatana T, Kongpiromchean Y, Sribhen K, Sribhen C. Biochemical alterations and their relationships with the metabolic syndrome components in canine obesity. Agriculture and Natural Resources 2011;45(4):622-628.
54. Vasselli JR, Shane E, Boozer CN, Heymsfield SB. Garcinia cambogia extract inhibits body weight gain via increased energy expenditure (EE) in rats. In Faseb Journal 1998;12(4):505-505.
55. Veiga AP, Price CA, de Oliveira ST, Dos Santos AP, Campos R, Barbosa PR *et al*. Association of canine obesity with reduced serum levels of C-reactive protein. Journal of Veterinary Diagnostic Investigation 2008;20(2):224-228.
56. Yamka RM, Friesen KG, Frantz NZ. Identification of canine markers related to obesity and the effects of weight loss on the markers of interest. International Journal of Applied Research in Veterinary Medicine 2006;4(4):282.
57. Zoran DL. Obesity in dogs and cats: a metabolic and endocrine disorder. Veterinary Clinics: Small Animal Practice 2010;40(2):221-239.