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The homoeopathic approach towards obesity: A comprehensive homoeopathic medicinal approach for management of weight

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Abstract

The term obesity is derived from Latin word 'obese' meaning 'having eaten'. Root cause of obesity is overeating as suggested by its very name like genetics, environmental, social.

The obesity of overweight and obesity presents a major challenge to chronic disease prevention and health across the life course around the world. Fueled by economic growth, industrialization, an increasingly sedentary lifestyle, and a nutritional transition to processed foods and high calories diets over the 30 years. A complex, multifactorial disease with genetic, behavioural, socioeconomic, and environment origins, obesity raises risk of debilitating morbidity and mortality.

This article elaborates the causes of obesity and their effects on the human body. Homoeopathic medicines are very safe and effective in treating conditions like obesity, diabetes. An insight on assessment of this condition, and its homoeopathic approach have been presented in this article. This article explains the risk of obesity and its management with different types of repertories. Homoeopathy has good scope in controlling the further deterioration of health and helps in maintaining the good health of the human body.

Keywords: Obesity, obese, homoeopathy, medicines

Introduction

Obesity is one of the most complex, multifactorial and widely preventable disease ^[1], affecting, along with overweight, over a third of the world's population today ^[2, 3]. If secular trends continue, by 2030 an estimated 38% of the world's adult population will be overweight and another 20% will be obese. Obesity is typically defined quite simply as excess body weight for height, but this definition belies a with greater likelihood in adulthood ^[4]. Thus, the economic and psychosocial costs of obesity alone, as well as when coupled with these comorbidities and sequelae, are striking.

Aim and Objectives

The aim of this article is mainly considerate on the therapeutic management of homoeopathic medicinal system on the bases of Similimum, to explain the role of the homoeopathy for obesity and finding an easy approach by using different types of repertories to get a perfect medicine.

Therapeutic action of medicine pertaining to the healing art which is concerned with medicine for disease.

- To correct or modify the cause.
- To reduce weight 10 % below ideal weight.
- To maintain weight within acceptable limit.
- To prevent /control complications.

This article shows the relevant information about the Homeopathic System that how

Etiology

Age

Occurs in all ages.

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Middle age spread is common due to

- Continuation of gregarious eating habits of youth into middle age
- Lessing of physical activity.
- Lowering of BMR.

Sex

- Equal incidence in both sexes.

Family history

May be positive

Food habits

- Overeating.
- Excessive and sustained intake of calories.
- Excessive consumption of fat, carbohydrate, and protein.

Dietary fat is most important contributor to adiposity

- It provides 9 cal /g compared with around 4 cal /g for carbohydrate and proteins.
- Use of fat in food preparation makes it appetising and hard to stop eating.
- Much of fat in foods is invisible, e.g.in biscuits, cakes, pies
- Unlike carbohydrate oxidation of fat is not increased to much its intake.
- Excessive consumption of alcohol
- Especially beer with high caloric value caloric value.

Physical activity

- Common in subjects with sedentary habits.
- Unusual for reduced activity to lead to obesity unless calorie intake is high.
- Once established, reduced activity maintains obesity even with normal calorie intake.

Psychological activity

- Bulimia nervosa
- Anxiety.
- Depression.

Endocrinal

- Cushing’s syndrome
- Hypothyroidism

- Polycystic ovarian disease
- Menopause.

Iatrogenic

- Corticosteroids.
- Contraceptives

Etymology

Obesity is from the Latin *obesitas*, which means "stout, fat, or plump".
Ēsus is the past participle of *edere* (to eat), with *ob* (over) added to it [5].

Epidemiology

BMI, is used to defined and diagnose obesity according to World Health Organisation (WHO). In adults, WHO Defines ‘overweight’ as a BMI of 25.0 to 29. 9 and ‘obese’ as a BMI ≥30.0. Obesity is further classified into three severity levels class I (BMI 30.0 -34.9), Class II (BMI 35. 0-39.9) and class III (BMI ≥ 40. 0)

The prevalence of excessive weight gain has doubled worldwide since 1980, and about a third of global population has been determined to be obese or overweight [8]. Obesity rate has dramatically enhanced in both male and female, and across all ages, with proportionally higher prevalence in older persons and women [9].

The Worldwide prevalence of obesity nearly tripled between 1975 and 2016.

In 2016, more than 1.9 billion adults, 18 years and older, were overweight. Of these over 650 million were obese. 39% of adults aged 18 years and over were overweight in 2016, and 13% were obese.

Globally more people are obese than underweight, this occurs in every region except parts of sub-Saharan Africa and Asia.

39 million children under the age of 5 were overweight or obese in 2020.Over 340 million children and adolescents aged 5-19 were obese in 2016.

Prevalence of obesity in India is 40.3% with zonal variations of South at 46.51% and East lowest at 32.96%. Obesity was higher among women than men.

Types of Obesity

Obesity is mainly of two types depending upon the size and number of adipocytes, which is the cellular basis for obesity.

Table 1: Shows types of Obesity

Hypertrophic Obesity	Hypercellular Obesity
It is characterised by enlarged fat cells, typical of android abdominal obesity.	It is typically occurs in persons who develop obesity in childhood or adolescence and is characterised by an increased number of fat cells.

Criteria for Obesity

Based on Body Mass Index (BMI) obesity is classified as -

Body weight

More than 20% above ideal body weight.

Fat fold thickness

- Tip of scapula in males
- Mid -triceps region in females.

Body Mass Index (BMI)

- Obesity is defined in terms of (BMI), i.e.

Weight (in kg)

Height (in m²)

Table 2: Criteria for obesity according to grade and BMI

Grade	BMI	Description
0	19 - 25	Normal
1	26 - 29	Overweight
2	30 - 39	Obesity
3	40 or more	Severe obesity

Symptoms

The symptoms of obesity go beyond excess body fat. Some symptoms are even known to increase a person’s risk of

developing certain diseases and disorders. In some cases, these may be fatal or life-threatening.

Common Symptoms in Adults

- Excess body fat, particularly around the waist.
- Shortness of breath.
- Snoring and trouble sleeping.
- Sweating more than usual.
- Skin problems from moisture accumulation in skin folds.
- Fatigue, which can range from mild to extreme.
- Pain, especially in the back and joints.
- Psychological issues such as negative self-esteem, depression, shame, and social isolation.

Common Symptoms in Children and Adolescents

- Noticeable fatty tissue deposits.
- Appearance of stretch marks on the hips and back.
- Acanthosis nigricans (dark velvety skin around the neck and other areas)
- Shortness of breath with physical activity.
- Sleep apnea.
- Constipation.
- Early puberty in girls/ delayed puberty in boys.
- Orthopaedic problems, such as flat feet or dislocated hips.

Complications

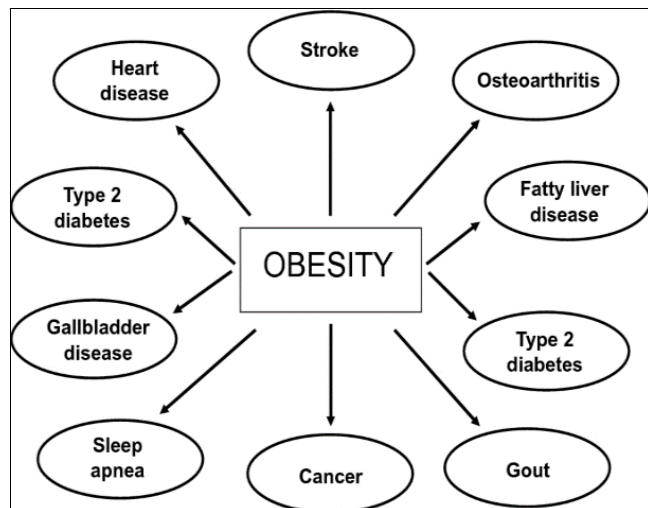


Fig 1: Above figure shows complication of obesity

Predominant MIASM

- According to cause.
- Majority of cause are predominantly SYCOTIC

Diagnosis

Laboratory tests: Fasting lipid panel, Liver function tests, Thyroid function tests, Fasting glucose and haemoglobin A1c (HbA1c).

Review of health history: Review of weight history, weight loss efforts, physical activity, exercise habits, eating patterns, appetite control and other conditions you've had, medications, stress levels, and other issues about your health.

General physical exam: This includes measuring height, checking vital signs such as heart rate, blood pressure, and temperature and also examining the abdomen.

Checking for other health problems: Checking for other possible health problems such as high blood pressure, high cholesterol, hypothyroidism, liver problems and diabetes.

Evaluation of degree of body fat: BMI calculations, waist circumference, waist/hip ratio are the common measures of the degree of body fat.

Evaluation of Obesity

Physician should screen all adult patient for obesity and offer intensive counselling with detailed case history acc to \$83-104 and behavioural interventions to promote sustained weight loss.

The five main steps in the evaluation of obesity, as described below, are

1. A focused obesity – related history
2. A physical examination to determine the degree and type of obesity
3. Assessment of comorbid condition,
4. Determination of fitness level
5. Assessment of the patient 's readiness to adopt lifestyle changes.

On the bases of organon of medicine, A physician should be considered

1. Cessat Effectus Cessat Causa- Considers Underlying Cause I.E. Exciting and Maintaining cause
2. Miasm of subject
3. Totality of Symptoms (\$) - Considering symptoms similarity on the basis of
4. Characteristics symptoms.

Rubrics from Different Repertories

<p>Kent repertory Generalities Obesity - Calc., Caps., Ferr., Graph.,</p> <ul style="list-style-type: none"> ▪ Body fat, but legs thin -am m ▪ Old people-kali c
<p>Synthesis repertory Generals obesity: Anac, Calc, Caps, Ferr, Graph, Natm, Phyt,</p> <ul style="list-style-type: none"> ▪ Children in- CALC, ant c, bad, caps, kali-bi ▪ Thyroid gland; from dysfunction of: influ ▪ Menopause; during: Calc ar, Graph, sep ▪ Old people; in: Aur, Kali c ▪ Legs thin, body fat but: Am m
<p>Homoeopathic medical repertory by robin murphy Generals Obesity General: CALC, CAPS, FERR, GRAPH, PHYT,</p> <p>Children in - CALC, ant c, bad, caps, kali-bi menopause; during: calc, Graph, sep</p> <ul style="list-style-type: none"> ▪ elder people; in: AUR, CALC, KALI C <p>Young, people, in-ant-c, CALC</p>
<p>Boger Boenninghausen's characteristics and repertory Sensation and complaints in general Obesity, corpulency etc. Aco, Ant-c, CALC-C, CAPS, cup, FERR, Graph, Kali-bi Lyc, Pul, Phyto, Sang, Sul</p>

Management

Treatment of obesity starts with comprehensive lifestyle management along with 259-262 diet and regimen intending to reach and stay at a healthy weight. The initial treatment goal is usually a modest weight loss of 5% to 10% of the total weight.

Dietary Changes

Reducing calories and practising healthier eating habits are vital to overcoming obesity. Balanced, low-calorie diets and reduced-portion size diets are the types that dietitians most commonly prescribed.

Low-calorie diet: 1200-1500 calories/day for women and 1500-1800 calories/day for men.

Making healthier choices: Eating more fruits and vegetables provides a large portion size with fewer calories.

Restrict certain foods: Avoid eating high-carbohydrate or full-fat foods.

Exercise and Activity: People with obesity need to get at least 150 minutes a week of moderate-intensity physical activity. Aerobic exercise is the most efficient way to burn calories and shed excess weight.

Behaviour changes: A behaviour modification program can make lifestyle changes and lose weight. It addresses learned behaviours that contribute to excessive food intake, poor dietary choices or habits, and sedentary activity habits

Some homoeopathic medicines for obesity**Antimonium Crudum**

Children and Young person with tendency to grow fat with Coated moist white tongue and the eructations may taste of the ingesta, tendency to grow fat associated with gastric.

Ammonium MUR.

Especially adapted to those who are fat and sluggish; or body large and fat, but legs are thin. With large buttocks. Full of Grief, but cannot weep.

Capsicum

Fatty people who are easily exhausted, phlegmatic diathesis, lack of reactive forces, indolent, dreads any kind of exercise; persons with light hair, blue eyes, nervous but stout and phlethoric, awkward and of unclean habits.

Calcarea Carb

It is best adapted to patient who grow fat, are large – bellied, with large head, pale skin, chalky look.

Esculentine

It promptly reduces fat like Phytoline (Opposite of Alfalfa - fat producer) and it is a harmless and an agreeable medicine, It has asserted its merits as an anti-fat in the practice of a large number of physicians. Like Phytoline it reduces bulk and converts flabby, fatty tissue into healthy muscular tissue. Simultaneously it strengthens the heart and improves general health. It also controls and cures the intolerable rheumatic pain to which the obese are subject. Both Remedies should be used in mother tincture [7].

Fucus Vesiculosus

A remedy for obesity and non toxic goitre; also exophthalmic. Fucus contains a large proportion of Iodine and is a powerful remedy for the reduction of obesity. It increases the rapidity of digestion and diminished flatulence.

Graphites

Suited to women, inclined to obesity, who suffer from habitual constipation; with history of delayed menstruation.

Phytoline

It is a fat reducer. It reduces fat, makes the muscles thinner, more firm and strong. The patient looks considerably younger. Difficulty slowly and steadily. It corrects the fatty conditions of the heart & liver. It also removes sterility in obese subjects and enables them to be fortunate mother [7].

Conflict of Interest

Not available

Financial Support

Not available

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