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Homoeopathic management of obesity: A short review

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Abstract

Background: Obesity is a burgeoning public health challenge across the world. It doubly affects the developing countries that are burdened with the communicable and vector borne diseases, and further predisposes them to many non-communicable diseases. Homoeopathic management of obesity along with lifestyle alteration is being researched to study the effectiveness of homoeopathic drugs, which has been discussed in this review.

Objective: To review the literature of published studies relating to homeopathic management of obesity.

Materials and methods: A comprehensive search from major biomedical databases including National Medical Library (PubMed), Cochrane Library, Google Scholar, Science Direct and AMED was conducted using the search term 'obesity', 'weight loss', along with 'homoeopathy', and 'homeopathy'.

Results: Sixteen papers relating to obesity management using homoeopathy were identified. Out of seventeen papers, six were randomized controlled trials, two were quasi experimental studies, one was case report, one was case series, four were preclinical studies, one paper was review article and one was systematic analysis of randomized controlled trials of homoeopathy in obesity.

Conclusion: Various studies showed the efficacy of homoeopathic medicines in the management of obesity and other symptoms related to obesity especially when individualized constitutional homoeopathic medicine was prescribed. Further research through prospective observation and randomized controlled trials with individualized homoeopathic medication is warranted to strongly support the effectiveness of homoeopathic medicines in the management of obesity.

Keywords: homoeopathy, obesity, weight loss, homoeopathic management, homeopathy

Introduction

Obesity is one of the most important public health problems the world is facing today. The worldwide obesity has nearly tripled since 1975. About 39% of adults aged 18 years and over were overweight and 13% were obese in 2016. Over 40 million children under the age of 5 and 340 million children and adolescents aged 5-19 were overweight or obese in 2016. The rapid spread of urbanisation and industrialisation and dramatic lifestyle changes that accompany these trends has led to the pandemic of obesity^[1].

Obesity is defined as abnormal and excessive fat accumulation that can lead to severe health impairments. Obesity is associated with an increase in mortality, with a 50-100% increased risk of death mostly due to cardiovascular causes^[2]. As a preventable cause of death, obesity is second only to smoking^[3]. A crude measure of obesity is the body mass index (BMI), a person with a BMI of 30 or more is generally considered obese and with BMI equal to 25 or more is considered overweight. For children less than five years of age, overweight is weight-for-height greater than 2 standard deviations and obesity is greater than 3 standard deviations above the WHO Child Growth Standards median. For children aged between 5-19 years overweight is BMI-for-age greater than 1 standard deviation and obesity is greater than 2 standard deviations above the WHO growth reference median.

BMI is further evaluated in terms of fat distribution via waist/hip ratio (WHR). National Institute for Health and Care Excellence (NICE) cut off point suggest males with WC =>94cms or females with WC => 85cms are considered to be at increased risk.

Obesity is a multifactorial condition. The factors playing a role in eating and weight control include: genetic, cultural, socioeconomic, behavioral, and situational. Metabolic, physiological, endocrinal, neurological, medications, sleep deprivation, some pathological eating behaviors and now even viral (adenovirus) causes have been attributed to obesity^[2, 3]. The fundamental cause of obesity and overweight is an energy imbalance between calories consumed and calories expended i.e., an increased intake of energy-dense foods that are high in fat and sugars and an increase in physical inactivity due to the increasingly

sedentary nature of many forms of work, changing modes of transportation, and increasing urbanization^[1].

Lifestyle modification is the cornerstone of long-term control of weight. For a number of reasons, including the difficulty in following the long term weight management and due to medical and surgical treatment side effects, many patients search for complementary and alternative medicine (CAM) management. Homoeopathy is one of the most popular holistic systems of medicine. The selection of remedy is based upon the law of similar and theory of individualization by using holistic approach. The homoeopathic medicine is selected to treat not only obesity but to address its underlying cause and individual susceptibility. The article aims to review the various studies conducted to evaluate the role of homoeopathy in management of obesity.

Methods

Search strategy: A comprehensive search for all studies, beginning from preclinical, clinical to systematic reviews and meta-analysis on obesity and homoeopathy was carried out.

Databases searched: National Medical Library (PubMed), Cochrane Library, Google scholar, Science Direct, AMED and Clinicaltrials.gov. Studies were further identified through a manual search of obtained article references.

Search terms: The basic search terms for Homoeopathy included 'homoeopathy' or 'homoeopathic drugs' or 'homeopathy'. The basic search terms for obesity included 'obesity' or 'weight loss'.

Selection of studies: Some of the studies that only had access to abstract and not the full text of the paper were considered only if there were enough research details available. Studies with other CAM therapies and/or additional medical therapy for patients with homoeopathic treatment were excluded.

Results

Sixteen research studies have been identified related to homoeopathy and obesity. One of them was a review article^[4]. The other studies are as follows:

Systematic reviews

- Alternative or alternative treatment? A systematic review of RCT on Homoeopathy for Diabetes Mellitus and Obesity^[5].

Controlled clinical trials

- Efficacy of Homoeopathy in addition to a Multidisciplinary Intervention for Overweight and Obesity in Mexican Adolescents^[6]
- Homoeopathic treatment of Overweight and Obesity in Pregnant women with mental disorder^[7].
- Efficacy of Constitutional Homoeopathic Medicine in Obesity^[8].
- Effect of Cynara Scolymus (artichoke) in Homeopathic Doses on Body Mass Index in Obese and Overweight Patients^[9].
- The Efficacy of R59® in Weight loss of Climacteric and Menopausal women^[10].

- The Effect of Thyroidinum 30ch on the Bodyweight reduction of fasting patients: A Randomized Placebo-controlled Double blind Clinical trial^[11].
- Evaluation of Homoeopathy in treatment of Children Exogenous Obesity^[12].
- Effect Nutrition and Homoeopathy versus Nutrition in Obesity and Overweight^[13].

Case report

- Individualized Homeopathic Therapy in a Case of Obesity, Dysfunctional Uterine Bleeding, and Autonomic Dystonia^[14].

Case series

- Weight Loss with Homeopathy: Case Series^[15].

Preclinical studies

- The Potential role of Hypothalamus (homeopathy) in the treatment of Obesity^[16].
- Anti-obesity effect of Phytolacca Berry in rats^[17].
- Evaluation of Homeopathic medicine in rats subjected to a Hypercaloric diet and stress^[18].
- Evaluation of Anti-obesity activity of Ficus Vesiculosus^[19].

The review article about obesity^[4] presented few studies of homoeopathy on obesity and hyperlipidaemia, however the paper did not conform to the perquisites of the study. Abstract of systematic review on randomized controlled trials of homoeopathy on obesity and diabetes mellitus^[5] is not available.

The summary of studies is given in Table 1.

Table 1: Summary of studies

Author & Year Pub	Study design	Aim/Objective	Sample size	Outcome parameters	Intervention	Conclusion
Cortes EM et al. (2020) ^[6]	Randomized placebo controlled double blind	To evaluate the efficacy of homeopathic <i>Calcarea carbonica ostrearum</i> , in addition to a multidisciplinary intervention (diet, motivational support, and exercise program), on body fat and weight in obese adolescents.	60 overweight and obese	The primary outcome: [At baseline and week 4, 8 and 12.] Mean total weight in kg, percentage of body fat. The secondary outcomes: [At baseline and week 4, 8 and 12.] Mean total body mass index, fat mass index, waist-hip ratio, lean muscle mass Other outcome. Measures: [At baseline and week 12.] Fasting glucose, insulin, insulin resistance, lipid profile, score of Center for Epidemiologic Studies Depression Scale Revised (CESD-R) and score of Screen for Child Anxiety-Related Emotional Disorders (SCARED).	Experimental: Multidisciplinary intervention (diet, exercise program, motivational support) and <i>Calcarea carbonica ostrearum</i> 30c. Active Comparator: Multidisciplinary intervention (diet, exercise program, motivational support) and placebo.	Homeopathy had no effect on body weight or waist circumference.
Vilhena EC, Castilho EA (2016) ^[7]	Randomized, controlled, double – blinded clinical trial.	To evaluate the efficacy of a homeopathic treatment in preventing excessive weight gain during pregnancy in overweight or obese women who were suspected of having a common mental disorder.	134 Overweight and obese.	Primary Outcome Measures : Weight. [Time Frame 9 months] Secondary Outcome Measures : Co-morbidities, Newborn weight, Pregnancy period, Collateral effects, Self perception health and Apgar score. [Time Frame 9 months]	Placebo Comparator: Nutritional oriented diet for pregnancy period plus homeopathic preparation from inert substance. Active Comparator: Nutrition oriented diet for pregnancy period plus active homeopathic medications Sulphur, Pulsatilla, Lycopodium, Lachesis, Conium, Sepia, Nux vomica, Calcarea Phosphoricum.	Homeopathy does not appear to prevent excessive body mass gain in pregnant women who are overweight or obese and suspected of having a common mental disorder. Homeopathy did not change the APGAR score to modified clinical attention at delivery room.
Singh AK (2016) ^[8]	Randomized Placebo controlled trial	To ascertain the effects of different homoeopathic medicines in cases of obesity.	30 Overweight and obese (grade 1 and 2)	BMI	Group I received constitutional homoeopathic medicine + lifestyle modification. Group II was control group received placebo + lifestyle modification	Homeopathic medicines were effective in cases of obesity in reducing body mass index, where patients were regular in their treatment and followed proper diet and regimen, whereas placebo was not as effective.
Misael et al. (2014) ^[9]	Randomized, controlled double blind trial	To evaluate the effect of <i>Cynara scolymus</i> in homeopathic doses on body mass index on obese and overweight patients.	34 Overweight and obese.	BMI every 15 days for 3 months	Treatment group: <i>Cynara scolymus</i> medicine in homeopathic doses in 6CH, 12CH, and 30CH. Control group: Placebo.	Homeopathic doses of <i>Cynarascolymus</i> showed no impact on the body mass index compared to placebo, but significant weight change was observed.
Mark Leite (2008) ^[10]	Quantitative randomized double blind	To determine the efficacy of R59® (homeopathic complex medicine) weight loss treatment	50 overweight and 54 obese	BMI and fat percentage measured at first consultation and final follow up.	Group A received placebo+eating plan. Group B received R59+eating plan.	R59 did not cause weight loss but was a factor in accelerating weight reduction. The statistics indicated

	study	in women in the climacteric and menopause between the ages of 45 and 65 who are overweight or obese.				weight loss and size reductions but the results were statistically insignificant.
Schmidt JM, Ostermayr B (2009)	Randomized double-blind placebo controlled monocentered clinical trial	To test whether an ultramolecular dilution of homeopathic Thyroidinum has an effect over placebo on weight reduction of fasting patients in so-called 'fasting crisis'.	208 Fasting patients.	Main outcome measure was reduction of body weight 2 days after treatment. Secondary outcome measures were weight reduction on days 1 and 3, 15 complaints on days 1-3, and 34 laboratory findings on days 1-2 after treatment.	One oral dose of Thyroidinum 30cH (preparation of thyroid gland) or placebo.	Weight reduction on the second day after medication in the Thyroidinum group was less than in the placebo group (mean difference 92g, 95% confidence interval 7-176g, P=0.034). There were no differences between groups in the secondary outcome measures.
Garcia SHH <i>et al.</i> (2016) ^[12]	Quasi-experimental intervention study	To evaluate the action of homeopathy to treat exogenous obesity.	98 obese	BMI	Group I – To practice exercise, going on diet and homeopathic treatment Group II – To practice exercises and going on diet.	In the study group, 44 patients showed good evolution, 4 patients as regular; while in the control group only 15 patients had an evolution and 28 as regular. Only one patient in study group showed poor outcome.
Paola DCSG <i>et al.</i> (2014) ^[13]	Prospective comparative quasi-experimental study	To assess the influence of the use of a nutritional treatment accompanied by a homeopathic treatment aimed for weight reduction.	60 Obese or overweight	BMI at baseline and end of 1 month	Treatment group with nutritional treatment accompanied by homeopathic treatment. Control group with exclusively nutrition treatment.	The loss of weight was greater in the group of nutritional treatment complemented with homeopathic treatment, but when comparing the BMI there is no significant difference detected.
Denisova TG <i>et al.</i> (2018) ^[14]	Case report	Unusual clinical course	1 obese	BMI, biochemical parameters and pelvic ultrasound before and after treatment.	Natrum muriaticum 15c one dose alternate days. Later increased to 21c, 30c and 60c as required. Finally Ignatia was prescribed based on indications.	This case of a female with dysfunctional uterine bleeding, obesity, and vegeto-vascular dystonia showed a benefit from classical homeopathy.
Sadeghi S (2017) ^[15]	Case series	Not defined	3 overweight and obese	BMI	Case 1: single dose of Lachesis 30c Case 2: one dose of Sepia 30c, 17 drops of 1st glass. Case 3: single dose of Lycopodium 1M, 15 drops.	Holistic approach to patients with obesity and overweight, helped the patients to lose remarkable weight. In the 1 st case for about 5 months, a moderate weight loss in the 2 nd case for 3 months, and a mild reduction in the 3 rd case after 18 days.
Bueno PCS <i>et al.</i> (2017) ^[16]	Preclinical	To evaluate the effect of <i>Hypothalamus</i> on the metabolic parameters of animals fed a hypercaloric diet	30 wistar rats	BMI, thorax and abdominal circumference, abdominal fat and biochemical parameters.	G1: treated with hypercaloric diet and water mixed with <i>Hypothalamus</i> 30CH <i>ad libitum</i> ; G2: treated with hypercaloric diet and water mixed with <i>Hypothalamus</i> 15CH <i>ad libitum</i> ; G3: Control group that received	There was no interference of <i>Hypothalamus</i> in the initial and final weight, in the percentage of weight gain, Lee's index, glycemia, and total cholesterol, but there was a reduction in the thoracic and abdominal circumference as well as in the abdominal fat in the treated groups.

					hypercaloric diet and water <i>ad libitum</i> .	Increase in the levels of triglycerides was also observed.
Kiran GR, Raju AB (2014) [17]	Preclinical	To evaluate the antiobesity activity of Phytolacca berry extract on diet-induced obese rats.	42 wistar rats	Body weight on day 1 and then on alternate days for 40 days, locomotor activity on day 40, Body temperature on day 39, Biochemical parameters on day 41, Organ and fat pads weighed.	Group I served as control and received only normal pellet diet; Group II received AD; Group III received AD and Phytolacca Berry extract high dose (2.850 mg kg ⁻¹); Group IV received AD and Phytolacca Berry low dose (0.285 mg kg ⁻¹); Group V received CD; Group VI received CD and Phytolacca Berry high dose; Group VII received CD and Phytolacca berry low dose.	Phytolacca berry extract (especially with higher dose) had significant anti-obesity activity by reducing excess body weight, biochemical parameters and fat pad <i>weights</i> . There was also significant increase in temperature and grooming activity in AD and CD drug treatment groups as compared to that for the control group and significant increase in ambulatory activity in test drug with high potency.
Wittmann V <i>et al.</i> (2014) [18]	Preclinical	To evaluate the influence of the commercial homeopathic product compound by <i>Fucus vesiculosus</i> 1cH, <i>Thyroidinum</i> 5cH and <i>Calcareo carbonica</i> 5cH (Besomed®) in the gain of weight in animals submitted to hypercaloric diet and stress.	40 wistar rats.	General activity was evaluated after stress and after 1 month of treatment. Weight gain measured weekly.	Two groups submitted to stress by standstill, one group treated and the other one for control (vehicle). Two more groups without stress being one treated and the other one for control.	The medicine evaluated was effective in reducing weight ($p \leq 0,05$) and in inducing an adaptive behavior only in the stressed animals, reducing the evaluated parameters to the same levels observed in the control group.
Korukanti VP <i>et al.</i> 2013 [19]	Preclinical	To prove the safety and efficacy of <i>Ficus vesiculosus</i> indifferent animal models (diet-induced and chemical-induced models) of obesity.	48 wistar rats.	Body weight, locomotor activity, biochemical parameters and organ and fat pads.	In the diet-induced model, Group I: cafeteria diet Group II: Test drug (0.1 ml of the <i>Fucus vesiculosus</i> mother tincture) along with cafeteria diet. Group III: Control group animals received normal saline. In chemical induced model, Group I: Normal control Group II: Cafeteria diet Group III: Cafeteria diet+drug Group IV: Triton X100 Group V: Triton X100+drug.	<i>Fucus vesiculosus</i> treatment prevented the rats from becoming obese and the biochemical and physical parameters were maintained to normal levels.

BMI: Body Mass Index, AD= Atherogenic diet (high fat diet), CD= Cafeteria diet (high carbohydrate diet).

Discussion: The review found that among the RCTs included, one of the studies that used constitutional homoeopathic treatment reported that homoeopathy was superior to placebo. The remaining five RCTs that used obesity specific remedies or combinations or predefined remedies reported that the homoeopathic treatment was equal to placebo. None of the studies included in the review reported that homoeopathy was found less effective than placebo in treating obesity or overweight. The non-RCTs, two quasi experimental studies, two case studies, and one case report study reported improvement in patients receiving individualized homoeopathic treatment. Among the four preclinical studies, three of them reported reduction of body weight, lipid profile and locomotor activity^[19], and one of the studies showed reduction in thoracic and abdominal circumference and abdominal fat no modifications in percentage weight gain, glycaemia, lee's index but showed significant increase in levels of triglycerides^[16], one study showed improvement especially high dose in body weight and biochemical parameters^[17], and one study showed improved in weight gain and inducing an adaptive behavior only in the stressed animals^[18].

Most of the studies have enrolled both overweight and obese patients, two studies^[12, 14] enrolled only obese patients while one study^[11] enrolled fasting patients. Most of the studies advised lifestyle management along with drug treatment except one study^[14] which has not followed any lifestyle management. Some studies has studied the efficacy of homoeopathy on different causes of obesity like stress^[14, 18], diet^[16, 17, 18, 19]. Some studies have showed effect of different potencies^[9, 16, 17] and effect of duration of treatment on overall result^[15].

Conclusion: Various studies showed the efficacy of homoeopathic medicines in the management of obesity especially when individualized constitutional homoeopathic medicine was prescribed instead of specifics or combinations. This reinforces the homoeopathic fundamental principles, 'Similia Similibus Curantur' and the theory of individualization. Given insufficient quantity of prospective observational studies and randomized controlled trials using constitutional homoeopathic medicines, further research is warranted to strongly support the effectiveness of homoeopathic treatment of obesity.

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