

Review Article

Obesity in Present Life and Its Homoeopathic Management

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ABSTRACT

In this ever-changing era of competition and stress we are losing harmony with nature and our surrounding environment. Life style and endocrine disorders are on the verge and to a certain extent we may be responsible for them. Many risk factors are now identified, most common being related to life style. It is very hard to deal with them especially when they assume a state of ‘poor response to offered or prevalent therapies’. Many a times, we being practitioners of the true healing art encounter ‘obstacles to cure’ for these life style disorders. Thus it becomes need of the hour to learn the scopes, limitations and how to deal with them judiciously. In this article, ‘obesity’, one of the rapidly emerging life style disorders is discussed keeping in mind the basic philosophy of Homoeopathy.

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INTRODUCTION

Obesity is a state of excess adipose tissue mass. It is defined as a progressive disease with excess fat accumulation which has multiple consequences. It is associated with the accumulation of adipose tissue in the body (as body fat) that is excessive for an individual’s height, weight, gender and race to an extent that it produces adverse health outcomes. It is one of the most neglected yet visible risk factor contributing to the several other disorders worldwide. Obesity is the tip of ice berg which includes various diseases like cardio vascular disease, Type II Diabetes, osteoarthritis or even some types of cancers.

EPIDEMIOLOGICAL CONSIDERATION

Obesity is emerging as one of the major health problems, particularly in the urban areas of the country. About 30 – 65 % of adult urban Indians is either overweight, obese or has abdominal obesity. In 1997, the World Health Organization (WHO) formally recognized obesity as a global epidemic.

ASSESSMENT OF OBESITY

Body fat percentage is total body fat expressed as a percentage of total body weight. It is generally agreed that men with more than 25% body fat

and women with more than 33% body fat are obese. A certain amount of fat is necessary for body to function properly as it is the key factor for storing energy, heat insulation, shock absorption, and other functions. It is stored in the form of adipose tissue in our body. Although not a direct measure of adiposity, the most widely used method to gauge obesity is the body mass index (BMI), which is equal to $\text{weight}/\text{height}^2$ (in kg/m^2). The reference range used to categorize individuals is mentioned in table 1.

BMI	CLASSIFICATION
< 18.5	Underweight
18.5–24.9	Normal weight
25.0–29.9	Overweight
30.0–34.9	Class I obesity
35.0–39.9	Class II obesity
> 40.0	Class III obesity (Morbid Obesity)

Table 1: Reference range

Along with BMI certain other measures may also be taken into consideration to assess an individual in terms of nutrition. These are:

- Waist circumference
- Hip circumference
- Waist to hip ratio: a ratio of >0.9 in women

and >1.0 in men is considered abnormal

- Markers of nutrition e.g. mid arm circumference, skin fold thickness, etc.

OBESITY PATTERNS

Two major patterns of obesity are observed in population, although these patterns are not gender specific, both the sexes can have any pattern, but it is seen that cross patterns are more dangerous. In females, the pattern seen is pear-shaped obesity, i.e. they tend to collect fat in their thighs and buttocks. In males, fat usually collect around the belly, giving them “apple” shaped pattern of obesity.

CAUSES OF OBESITY

For each individual, body weight is the result of a combination of genetic, metabolic, behavioral, environmental, cultural and socioeconomic influences. Behavioral and environmental factors are large contributors to overweight and obesity and provide the greatest opportunity for actions and interventions designed for prevention and treatment.

- **Fundamental or the miasmatic causes:**

1. Heredity: determines how susceptible an individual is to become overweight or obese.
2. Genetically a person is influenced by how the body uses calories for energy and how the body stores fat.
3. Familial obesity is an established risk factor, which exposes an individual to develop obesity.

- **Exciting and maintaining factors:**

1. Eating habits contribute to the development of overweight and obese states specially in individuals consuming food rich in animal fats, vegetable oils and sugar/syrups and less of vegetables, fruits and other high fibre starchy foods.
2. Lack of exercise and workout.
3. Increasing industrialization, better transportation facilities, more mechanization at home and workplace.

- **Medical causes associated with obesity**

1. Cushing’s syndrome
2. Hypothyroidism
3. Insulinoma

COMPLICATIONS

Obesity is just the tip of the “ice berg” of major symptom syndromes. It has direct association with many syndromes like Diabetes, Hypertension, Insulin resistance, etc. (Mixed miasmatic states which are harder to treat). Obesity affects more or less every system of the body. Some of the complications associated with obesity are:

Cardiovascular System: Ischemic heart disease, angina and myocardial infarction, congestive

cardiac failure, hypertension, dyslipidemia, deep vein thrombosis and pulmonary embolism.

Endocrinology and Reproductive System:

Diabetes mellitus, polycystic ovarian syndrome, menstrual disorders, infertility, complications during pregnancy, birth defects and intrauterine fetal death.

Neurological disturbances: Stroke, meralgia paresthetica, migraines, carpal tunnel syndrome, dementia, idiopathic intracranial hypertension.

Psychiatric Problems: Depression and social stigmatization, disrupted self image, lack of confidence.

Dermatological problems: Stretch marks, acanthosis nigricans, lymphedema, cellulitis, hirsutism, intertrigo.

Gastrointestinal Problems: Gastroesophageal reflux disease, fatty liver disease, cholelithiasis, hernias.

Oncology: Breast, ovarian, Esophageal, colorectal, Liver, pancreatic, Gallbladder, stomach, Endometrial, cervical, Prostate, kidney, Non-hodgkin’s lymphoma, multiple myeloma.

Respiratory Problems: Obstructive sleep apnea, Obesity hypoventilation syndrome, Asthma, Increased complications during general anesthesia

Rheumatology & Orthopaedic

problems: Gout, Poor mobility, Osteoarthritis and low back pain.

Urological & Nephrological Problems: Erectile dysfunction, Urinary incontinence, chronic renal failure, Hypogonadism.

MANAGEMENT

Hahnemann in aphorism 261 has rightly stressed on the importance of proper diet and exercise. “The most appropriate regimen during the employment of medicine in chronic diseases consists in the removal of such obstacles to recovery, and in supplying where necessary the reverse: innocent moral and intellectual recreation, active exercise in the open air in almost all kinds of weather (daily walks, slight manual labor), suitable, nutritious, unmedicinal food and drink, etc.”

Management is one of the most important key factors in dealing with obesity in long-term.

It is a chronic disease that requires long-term intervention and judicious employment of medication, if necessary. The intervention in obesity can be from any of the following listed strategies, single or in combination:

- Dietary
- Life style related physical exercise, behavior modification etc.
- Medicinal

- Surgical

All of the above intervention require close monitoring and follow ups.

Physical exercise: Weight reduction is not only the mathematical calculation and reduction in calories; rather it is an array of complex mechanism to be understood keeping in mind other factors also. Minimum public health recommendation for physical activity is 30 minutes of moderate intensity physical activity on preferably all days of the week. This duration also depends upon lifestyle, average daily workout, age, gender and other circumstances like nutrition, weight etc. A simple mathematical calculation of daily caloric intake helps in planning the average daily physical activity. Exercise helps in maintaining circulation, reduces the risk for cardio vascular diseases, diabetes and other complications of obesity.

Commonly followed patterns of exercise in our society are:

- Brisk walking (for about 30 minutes) at an intensity that makes speaking difficult during walking. It is the preferred initial mode of exercise.
- Work related exercise: taking 10-15 minutes break to walk around during working hours.
- Muscle strengthening exercises such as lifting weights or push ups.

TYPE OF EXERCISE	kcal/hr
TABLE TENNIS	245
TENNIS	392
DANCING	372
GARDENING	300
CYCLING (15 km/hr)	360
WALKING (04 km/hr)	160
RUNNING (08 km/hr)	353
JOGGING	145
SWIMMING	180

Table 2: Amount of calories burnt during some of common exercises:

Behavioral therapy: Cognitive behavioral therapy is used to help change and reinforce new dietary and physical activity behaviors. Strategies include self-monitoring techniques (e.g. weighing, and measuring food and activity); stress management; stimulus control (e.g., using smaller plates, not eating in front of the television or in the car); social support; problem solving; and cognitive restructuring to help patients develop more positive and realistic thoughts about themselves.

Dietary modification: A few suggested behavior modifiers include change in eating habits, e.g. less of caloric and fat intake. National Institute of Health guidelines suggest that people who desire

to lose weight should reduce their caloric intake by 500 to 1000 kcal per day, which may produce a weight loss of 0.45 to 0.90 kg per week. Women may choose a diet of 1000 to 1200 kcal per day and men may choose a diet of 1200 to 1500 kcal per day. Along with this basic knowledge about nutritional facts like following diet and calorie charts is recommended.

Surgical treatment: surgery is indicated for the treatment of morbid obesity which includes co-morbid conditions which are life-threatening. It is only advised for those with very high BMI of 40 or more. Bariatric surgery changes the anatomy of the digestive system. It leads to early satiety, reduction in appetite and also hormonal changes that lead to weight reduction. This surgery lowers the risk of medical problems associated with obesity.

Homoeopathic approach towards obesity

Homoeopathy has long been remained a therapeutic tool which goes by symptom similarity. The homoeopathic approach towards obesity should be scientific and feasible. In our materia medica many remedies are given which act wonderfully in cases of obesity and overweight, but it needs an understanding of the sphere of action of these remedies. Literature is loaded with many discoveries and experiences, which must be explored and understood.

The basic approach should be the judicial approach. Many a times, remedies alone are not able to benefit a patient fully, here comes the concept of obstacles to cure and exciting and maintaining factors. Thus it becomes necessary to motivate the patient to follow others management factors like diet control, controlled exercise, changes in life style pattern, etc.

Homoeopathy has a vast scope to offer individuals suffering from obesity or related disorders. Like other systems, Homoeopathy has its own scopes and limitations. A basic knowledge of disease process and sound knowledge of homoeopathic philosophy can make one fully enabled to deal with these cases.

In aphorism 5 of Organon of Medicine, Hahnemann has described the constitutional approach towards state of the patient. By constitutional approach one means "An individual", his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual functions etc. An individual is the basic unit which is affected by interior (mental generals) and exterior (environment), thus the approach to rectify it should be holistic. For internal phenomenon and obstacles we may give the best

similimum remedy, this will make one individual strengthen from inside so that the vital force can preserve the state to health whereas the exterior phenomenon are dealt with various management tools (e.g. exercise, weight reduction, diet etc) discussed in the previous section.

Factor causing/associated with obesity	Homoeopathic approach
Type of obesity: familial or hereditary	Fundamental maintaining factor is underlying miasm. Thus antimiasmatic approach can be adopted.
Constitutional predisposition of the subject	Selection of the constitutional remedy with intercurrent antimiasmatic remedy is suggested.
Mode of living. • Sedentary lifestyle, lack of exercise. • Faulty diet	These factors are obstacles to cure, so selection of appropriate constitutional remedy with dietary and exercise management should be done.
Stress related factors.	De-stressing techniques and counselling along with appropriate constitutional remedy help removing obstacles to cure.
Obesity associated with specific diseases.	Diagnosis of underlying cause and its treatment with appropriate indicated remedy can be adopted.

Table 3: Importance of various factors associated with obesity and their homoeopathic approach

Case analysis and justification is same for an individual who is obese and require intervention as for any other diseased condition. The commonly used drugs are:

- Drugs in potencies e.g. calc. carb, graph, caps, ferr met, etc
- Drugs in trituration e.g. phytolacca berry, fucus, thyroidinum, etc.,
- Drugs in crude form: e.g. phytolacca, fucus, etc.

Some references from repertory:

Obesity in young people: Antim crud, Calc, Calc act, Lach.

Obesity abdomen: Pip-n

Obesity abdomen but thin legs: Am-c, Am-m, Ant-c, Graph, Lith-c, Plb (as in Cushing's)

Obesity in old people: Am-c, Aur, Bar-c, Fl-ac, Kali-c, Op, Sec.

Obesity during menopause: Calc-ar, Graph, Sep.

Obesity in children due to improper nutrition: Calc, Carc, Graph.

Obesity in children: Ant-c, Bad, Bar-c, Bell, Brom, Calc, Caps, Cina, Coloc, Ferr, Graph, Guaj, Ipecac, Kali-bi, Kali-c, Puls, Sars, Senegam Sulph.

Indigestion accompanied by obesity: All-s.

Obesity with goiter: Fucus

The common indications of some remedies are presented below:-

Antim crud: Tendency to grow fat, obese people with thickly coated tongue and digestive disturbances of varying degrees. The constitutions are very irritable and fretful.

Calcarea carb: suitable for women and children of leucophlegmatic temperament with tendency to obesity. Constitutions deficient in assimilative powers are benefited by this remedy. Rapid deposit of fat in cellular tissues, especially around abdomen but tissues is imperfectly nourished.

Capsicum: suited to persons who are fat, indolent, opposed to physical exertion, get homesick easily. Persons having feeble digestion and lax fiber. Chilly subjects with lack of vital heat.

Ferr met: Flabby, anemic and plethoric persons with false plethora and relaxed muscles. Easily irritable constitutions having voracious appetite.

Fucus vesiculosus: obesity associated with non-toxic goitre with flatulent tendency and obstinate constipation. This remedy is used in material doses and triturated preparations.

Graphites: Suitable for women, inclined to obesity with habitual constipation and delayed menstruation. It follows well calc carb in young women with large amount of unhealthy adipose tissue.

Kali brom: it is adapted to persons who are inclined to obesity; it also acts better in children than in adults.

Kali carb: For diseases of old people, dropsy and paralysis; with dark hair, lax fibre, inclined to obesity.

Lac def: obesity associated with fatty degeneration of tissues, dropsy and liver complaints. It is also helpful in dealing with complications of obesity.

Phytolacca berry: Clinically found to be efficacious in obesity. So the primary goal of

management of obesity should be improvement of obesity-related co-morbid conditions and reduce the risk of developing future co-morbidities. It involves balance of three essential elements of lifestyle: dietary habits, physical activity, and behavior modification along with Homoeopathic intervention. Hahnemann has rightly mentioned in Aphorism 4: “He is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health”.

“If we could give every individual the right amount of nourishment and exercise, not too little and not too much, we would have found the safest way to health.” – Hippocrates c. 460-377 BC.

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