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THIS MAGAZINE IS BASED ON " OBESITY & ITS HOMOEOPATHIC MANAGEMENT "

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MESSAGE

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It gives me immense pleasure to present this special edition ofthe e-magazine of Vidhyadeep Homoeopathic Medical College and Research Centre dedicated to the growing concern of Obesity and its Homoeopathic Management. Obesity a morden epidemic is not just a lifestyle disorder but a root cause of several chronic diseases. Hon'ble Prime Minister Shri Narendra Modi has time and again emphasized the need for a Fit India Movement encouraging citizens to adopt healthier hadits and preventive approaches toward lifestyle disorders like abesity. Inspired by this vision our institute has taken a step forward by initiating a Specialized Obesity OPD that integrates classical Homoeopathic treatment with diet and lifestyle counselling.

This edition is a unique compilation of clinical understanding case-based learning and holistic approaches shared majorly by our internees and students reflecting their academic enthusiasm and deep engagement with patient care. Homoeopathy plays a significant roal in treating obesity by addressing the root causecorrecting metabolic imbalance and enhancing constitutional health. Our faculty has also provided expertinsights into the practical application of remedies and lifestyle guidance.

We belive this magazine will serve as an informative tool for budding Homoeopaths and a motivation for public awareness. Let this issue be a small yet impactful contribution towards making india a healthier nation. I congratulate the editorial team and all contributora for their excellent efforts. Let us continue our journey of academic excellence, clinical exoertise and service to society.

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OBESITY PREVELANCE AND WORLD WIDE PROBLEM

Obesity has become a significant global health concen, with its prevalence rising sharply over recent decades. According to the world health organization (WHO), in 2022, more than 1 billion people worldwide were living with obesity, which incudes approximately 890 milliom adults and 159 milliom children and adolescents aged 5-19 years. This marks a substantial increase from 1990, with adult obesity rates more than doubling and adolescent obesity rates quadrupling during this period. [1] [2]

The World Obesity Federation projects that by 2035, the number of adults living with obesity will rise from 0.81 billion in 2020 to 1.53 billion. Notably 79% of adults and 88% of children with overweight and obesity are expected to reside in low- and middle-income countries (LMICs) by tht time. [3]

The economic impact is profound as obesity-related health issues strain healthcare systems and reduce workforce productivity. A study published in the lancet predicts that by 2050 over half of adults and nearly a third of children and adolescents worldwide will be overweight or obese highlighting the urgent need for comprehensive pubic health interventions. [4] Addressing the global obesity epidemic requires multifaceted strategies including promothing healthy diets increasing physical activity implementing policy measures such as taxing suger sweetened beverages and improving access to healthcare services particularly in LMIC (Low & Middle Income Country)s where the burden is rapidly increasing.

Prime Shri Minister Narendra Modiji has recently emphasized the growing concern of obesity in india urging citizens to adopt healthoer lifestyles to combat this issue. During his 119th Mann Ki Baat address in february 2025 he highlighted alarming ststistics and proposed actionable steps to address the obesity epidemic.

Approximately 2.5 billion people globally were overweight with obesity cases doubling in recent years. He stressed that obesity is not just a personal concern but a collective responsibility affedting families and the nation's health. To address this PM Modi initiated the "reduce Oil" challenge encouraging individuals to decrease their monthly cooking oil consumption by 10%. He stated "You should decide that you will use 10% less oil every month... This will be an important step towards reducing obesity." He also nominated ten prominent figures including industrialist Anand Mahindra actor R. Madhavan and olympic medalist Mirabai Chanu to lead awarwness campaigns and further nomonate others creating a ripple effect to promote healthier eating habits.[5]

PM Modiji cited a lancet report projecting that by 2050 440 million indians could be obese if current trends continue posing significant health and economic challenges. He emphasized that small dietary changes like reducing oil intake can lead to a stronger fitter and disease free future for the country. This initiative aligns with existing government programs such as the Fit India Movement Eat Right India and POSHAN Abhiyaan aimimg to foster a culture of health and wellness across the nation.

Ref.
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OBESITY & HORMONAL DISTURBANCES

Obesity is not merely a result of excess calories intake it often involves significant hormonal imbalances that affect appetite regulation, metabolism, fat distribution and energy balance.

Obesity is intricately linked to hormonal disturbances both as a cause and a consequence. Hormones regulate appetite, metabolism, fat distribution and energy balance and disruptions in these systems can contribute to weight gain and difficulty losing weight. By disturbance in hormones it's leads in obesity.

A. Hormonal Imbalance That Can Lead to Obesity :-

1. Hypothyroidism : An under active thyroid reduces metabolic rate leading to weight gain.
2. Cushing's syndrome : Excess cortisol levels promote fat accumulation particularly in the abdominal area.
3. Growth Hormone Deficiency : Low levels of growth hormone can decrease muscle mass and increase fat stronge.

4. Hypogonadism : reduced sex hormone levels (e.g., testosterone) can lead to increased fat mass and decreased muscle mass.(1)

B. Adipose Tissue as an Endoerine Organ :-

There are some hormones which is secreted from adipose tissue which regulate & prevent the obesity

Adipose tissue secretes hormones(adipokines) that influence energy balance:

1. Leptin : Regulates appetite and energy expenditure resistance can lead to overeating.
2. Adiponectin : Enhances insulin sensitivity levels decrease with increased fat mass.
3. Resistin : May contribute to insulin resistance.(2)

Hormonal Disturbances Associated with Obesity :

1. Leptin Resistance

Hormone : Leptin (from adipose tissue)
Normal Role: Signals the brain to reduce appetite and increse energy expenditure
Disturbance : In obesity leptin levels are high but the brain becomes resistant.
Effect : Increased appetite reduced satiety continued fat gain. (1, 2)

2. Insulin Resistance

Hormcne : Insulin (from pancreas)
Normal Role : Helps cell absorb glucose for energy.
Disturbance : Insulin signals are lost and there is rise in blood levels of glucose despite high or normal levels of insulin. This is called insulin resistance.
Effect : High insulin levels promote fat storage especially viscral fat.
Obesity is not merely a result of excess calorie intake it often involves significant hormonal imbalances that affect appetite regulation metabolism fat distribution and energy balance. (1)

3. Cortisol Excess

Hormone : Cortisol (from adrenal glands)
Normal Role : Manages stress regulates metabolism.
Disturbance : Chronic stress or Cushing's syndrome causes excesive cortisol.
Effect : Promotes central (abdominal) fat accumulation.

4. Hypothyroidism :-

Hormone : T3 and T4 (from thyroid gland) normal

Role : Regulate metabolic rate.
Disturbance : Under- active thyroid (hypothyroidism).
Effect : Decreased metabolism, fatigue, weight gain.

5. Sex Hormone Imbalance

Hormones : Oestrogen and Testosterone
Disturbance :

- In women : excess oestrogen (especially on PCOS).
- In men : low testosterone.

Effect : Inereased fat deposition reduced lean body mass especially visceral fat.(1)

6. Growth Hormone (GH) Deficiency

Hormone : GH (from pituitary)
Normal Role : Promotes fat breakdown and muscle growth.
Disturbance : Low GH Levels
Effect : Increased fat mass reduced muscle mass.(1)

7. Ghrelin Dysregulation

Hormone : Ghrelin (from stomach)
Normal Role : Stimulates hunger before meals.
Disturbance : Obesity may alter ghrelin suppression after eating
Effect : Increased appetite and meal frequency

8. Adiponeetin Deficiency

Hormone : Adiponectin (from fat cells)
Normal Role : Enhances insulin sensitivity, anti-inflammatory
Disturbance : Decreased in obesity.
Effect : Promotes insulin resistance and inflammation (3)

9. Polycystic Ovary Syndrome (PCOS)

In women obesity is linked to PCOS characterise by
A. Hyperandrogenism : Elevated male hormones.
B. Ovulatory Dysfunction : Irregular or absent ovulation.
C. Insulin Resistance : Common in PCOS exacerbated by obesity. (4)

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PATHOPHYSIOLOGY OF OBESITY

The pathophysiology of obesity involves a complex interplay between genetic, environmenta behavioral and metabolic factors that result in an imbalance between energy intake and expenditure leading to excess fat accumulation.

1. Energy Imbalance

At the core obesity arises when caloric intake exceeds energy expenditure leading to positive energy balance and adipose tissue expansion[2]. An increase in central orexigenic signals may account for a suble and often unappeclated counter-regulatory increase in appetite and food intake that limits the degree of predicted weight loss that is associated with interventions such as exercise programs.[1].

Causes : High-calorie diet, physical inactivity, sedentary lifestyle.
Contributing factors : Urbanization, socioeconomic status, processed food, sleep deprivation [2].

2. Central Regulation of Appetite and Meabolism (Hypothalamic Dysfunction)

a. Leptin and Ghrelin Dysregulation

Leptin secreted by adipocytes suppresses appetite by acting on the hypothalamus. In obesity leptin resistance develops-satiety signals fail drspite high leptin levels [1, 2]. Ghrelin secreted by the stomach stimulates hunger. In obesity postprandial ghrelin suppression is often blunted [1].

b. Hypothalamic Inflammation

Chronic overnutrition triggers inflammatory pathways in the hypothalamus impairing the function of POMC and NPY/AgRP neurons that regulate hunger and satiety [1].

3. Adipose Tissue Changes (Adiposopathy)

a. Adipocyte Hypertrophy and Hyperplasia

Initially fat cells enlarge(hypertrophy) over time new fat cell from(hyperplasia). Enlarged adipocytes may become hypoxic leading to cellular stress and necrosis.

b. Inflammation

Macrophage infiltration in dysfunction adipose tissue leads to chronic low-grade inflammation mediated by cytokines such as TNF-a, IL-6, amd MCP-1 [1].

c. Adipokine Imbalance

Obesity is marked by reduced adiponectin (anti-Inflammatory insulin- sensitizing) and increased resistin TNF-a, and 1L-6, promoting insulin resistance and inflammation[1].

4. Insulin Resistance and Metabolic Dyfunction

Visceral adipose tissue releases excess free fatty acids(FFAs) which impair insulin signaling in the liver, muscle, and adipose tissue. This leads to hyperinsulinemia and increased risk of type2 diabetes[1].

5. Neuroendocrine and Hormonal Alterations

Alterations in thyroid hormones, cortisol and sex steroids contribute to metabolic inefficiency. Hyperinsulinemia promotes further fat accumulation while increased aromatization in adipose tissu disturbs estrogen balance influencing reproductive and cancer risk [1].

6. Gut Microbiota

Obesity is associated with gut dysbiosis-altered microbial composition leading to enhances energy harvest low-grade inflammation and metabolic endotoxemia[1].

7. Ectopic Fat and Lipotoxicity

When subcutaneous fat capacity is exceeded ectopic lipid accumulation occurs in non-adipose tissues like the liver (NAFLD) muscle (insulin resistance) and pancreas contributing to organ dysfunction [1, 2]

Key Concept

Obesity is now recognized as a chronic, relapsing and progressive disease involving not just weight gain but deep metabolic hormonal and inflammatory disruptions [3].

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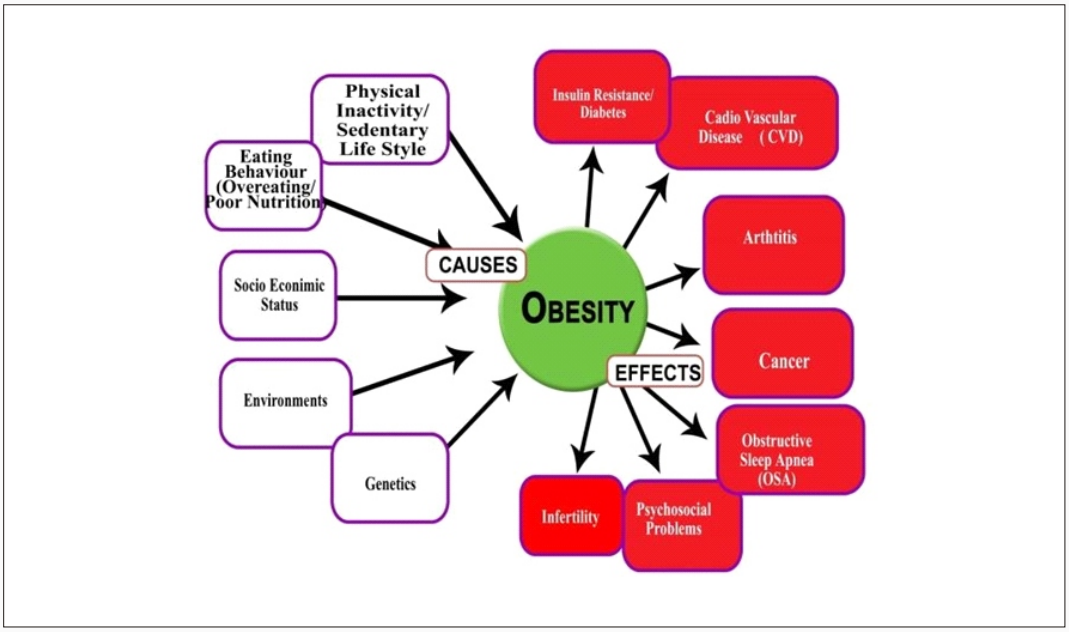
OBESITY AND LIFE STYLE ANALYSIS

Obesity is a growing health concern in different countries including india. It affect people of all age group and background.



- Lifestyle changes a sedentary lifestyle and poor dietary habits can contribute to weight gain and the development of obesity. many people consume more calories than they need and do not engage in enough physical activity to burn them off. (2)

- Global markets have increased the plethora of options avilable to indian consumers.
- With the clear shift in consumer tastes and preferences food companies have also capitalized on the same.
- While indian consumers are still not as heavily impacted by the obesity epidemic like some other developed nations there is a clear shift one which dose not aware well for the health of the average citizen.
- The results overwhelmingly show that there is a shift from opting to eat at home to opting to eat out.
- Also interestingly awareness about harmful effects of processed food was high but the reason for consumption was attributed primarily to ease of purchase.
- The implications of the research are an attempt to ensure that key steps are taken by public officials such as a tex on unhealthy foods subsidies for healthy food and promotion of healthy norms. (1)
- Is obesity just a lifestyle problem or a disease in itself ? Obesity is a complex disease that can be caused by a combination of factors, including genetics, lifestyle and hormonal changes obesity is a chronic disease that requires medical attention and angoing management. (2)
- Diabetes and obesity : Recent studies from the asian subcontinent show an increasing prevalence of diabetes.
- This increase has been attributed to factors related to lifestyle changes related to modernization.
- A total of 1637 adults aged 20 years and above (749 men and 888 women) were tested for diabetes and impaired glucose tolerance (IGT) by 2 h post-glucose challenge.
- Demographic, anthropometric, dietary and occupational details were recorded.
- Dietary habits were similar in all categories of socio-economic strata. In the present study group the age standardized prevalence of Typs 2 diabetes was 5.9% which was intermediate to that in the urban (11.6%) and rural (2.4%) populations. The prevalence data of the latter two population were available from previous surveys.
- Prevalence of impaired glucose tolerance (IGT) was high (6.9%) and similar in all three population samples.
- In the peri urban population a large percentage of subjects were doing only routine household work and had a sedentary life-style.

- After correcting for the age and BMI sedentary work and accupation had a significant association with diabetes suggesting that sedentary lifestyle may be an important determinant for the higher prevalence of diabetes in an urbanizing population. (3)

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OBESITY-DIAGNOSTIC MEASURES

Physicians should screen all adult patients for obesity and offer intensive counselling 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-

a. Eating Habit
b. Eating Food Pattern
c. Physical Activity
d. Does Patient Suffering from any Disease
e. Which type of medication patient used to take
f. Hormonal essay
g. Genetic/Family history

(2) A physical examination to determine the degree and type of obesity-

a. Pear shaped b. Apple shaped

c. Central obesity d. Peripheral obesity

(3) Determination of fitness level

(4) Assessment of the patient's readiness to adopt lifestyle changes.

The Obesity-Focused History Information From The History

Should address the following seven questions :

- What factors contribute to the patient's obesity ?
- How is the obesity affecting the patient's health ?
- What is the patient's level of risk from obesity ?
- What does the patientfond difficult about managing weight ?
- What are the patient's goals and expectations ?
- Is the patient motivated to begin a weight management program ?
- What kind of help does the patient need ?

Three key anthropometric measurements are important in evaluating the degree of obesity: 1. weight, 2. height and 3. waist circumference.

1. BMI-

The BMI, calculated as

=weight (kg)/height (m)2 or as **weight (lb)/height(in)2 x 703,**

is used to classify weight status and risk of disease.

2. waist-to-hip ratio-

Excess abdominal fat assessed by measurement of waist circumference or waist-to-hip ratio is independently associated with a higer risk for diabetes mellitus and cardiovascular disease. Measurement of the waist circumference is a surrogate for visceral adipose tissue and should be performed in the horizontal plane above the iliac crest.

TABLE 1. Classification of weight impact on diese risk.

Classification	BMI	Obesity Class	Disease Risk
Under weight	< 18.5	-	-
Healthy weight	18.5 - 24.9	-	
Over weight	25 - 29.9	-	
Obese class 1	30 - 34.9	I	
Obese class 2	35 - 39.9	II	
Obese class 3	< 40	III	

2. Waist -Hip Ratio

MEN	WOMEN	RISK LEVEL
Less than 0.90	Less than 0.85	Low risk of metabolic complications
Between 0.90 and 0.95	Between 0.85 and 0.90	Moderate risk of metabolic complications like diabetes, heart disease, stroke etc.
Above 0.95	Above 0.90	High risk of metabolic complications like diabetes, heart disease, stroke etc.

3. Obesity related organ system review

Cardiovascular- • Hypertension • Chronic Heart Failure • Cor Pulmonale • Varicose Vein • Pulmonary Embolism • Coronary Artery Disease	Respiratory- • Dyspnea • Obstructive Sleep Dyspnea • Hypoventilation Syndrome • Asthma
Endocrine- • Type 2 Diabetes • Dyslipidemia • Polycystic Ovarian Disease	Gastrointestinal- • GERD • Cholelithiasis • Hernias • Colon Cencer
Musculoskeletal • Immobility • Low Back Pain • Osteoarthritis • CTS	Psychological- • Depression/Low self esteem • Body Image Disturbance • Social Stigmatisation

Genitourinary- • Urinary Stress Incontinance • Hypogonadism • Breast & Uterine Cancer	Neurologic- • Stroke • Dementia • Idiopathic Intracranial Hypertension
Integument- • Striae Distensea, Cellulitis, Lymphadenoma, Acanthosis Nigricance, Acrohordons.	

Ref.

(1) Harrison's Principles of Internal Medicine, 15th Edition

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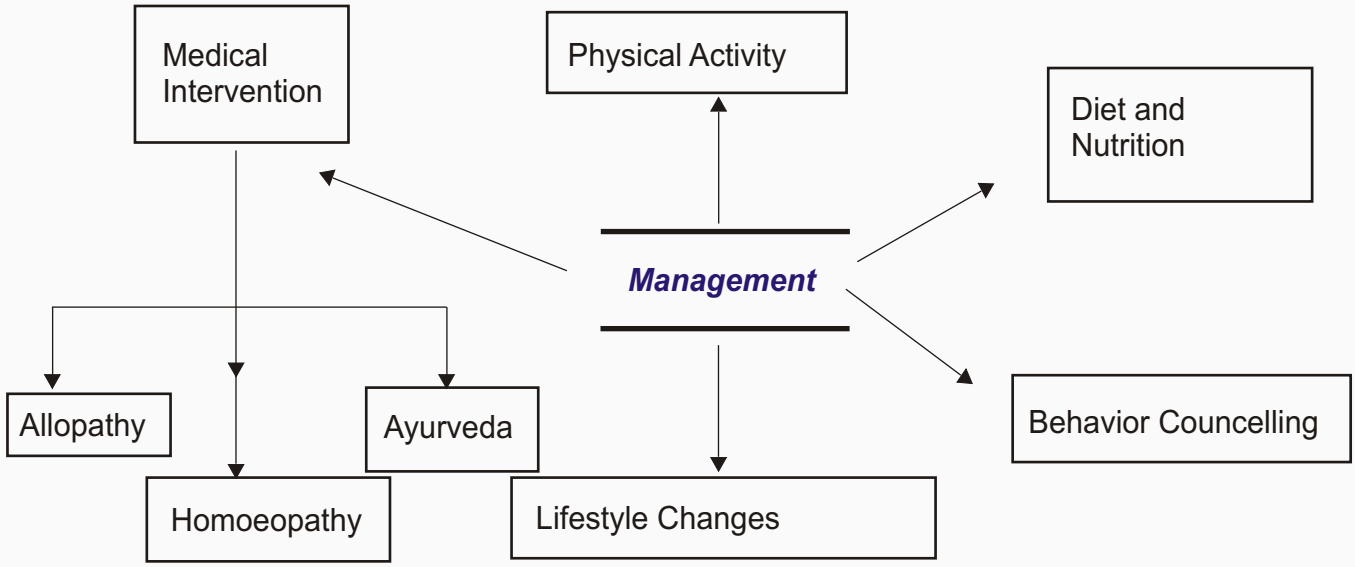
OBESITY MANAGEMENT



OBESITY = Excess Intake of High Calory Dia & Low Expenditure of Calory

1. Physical Activity :-

- Regular physical activity helps to burn calories and improves overall health.
- Every person should engage in at least 150 minutes of moderate aerobic exercise or 75 minutes of vigorous aerobic exercise per week.
- A regular 30 mins brisk walk also does good.
- Regular sessions of yoga & meditation helps a lot improve health
- This works for chidhood obesity too. (1)

2. Diet & Nutrition :-

INCLUDE	AVOID
1. Whole grain diet, pulses, lentils	1. Multipurpose flour finely grind flour
2. Green leafy vegetable, colourful vegetables salad-high fibre diet	2. Fibre filtred vegetable juice
3. Healthy fat - 5g/d peanut oil, coconut oil, snuflower oil, olive oil (salad dressing)	3. Unsaturated oil, plam oil
4. Dry fruits- soaked dry fruits nutrients are easy to absorbed.	4. Dry fruits- salted, canned, flavoured suger coted.
5. Milk & milk product- best is cow milk, low fat milk, almod milk, coconut milk, paneer buttermilk, curd	5. Milk & milk product- high fat milk, cheeze, butter.
6. Water intake -2-3 L/day	6. Low water intake, fridged-cold water
7. Fibre rich fruit juice, coconut water fresh juice	7. Canned juice, preserved juice, cold drink alcohol
8. Natural sweetner, honey, jaggery-2.5g/day	8. Artificial sweetner
9. Salt -2.5g/day	9. High salty food
10. High protein diet -1g/kg body wt. tofu paneer, soysbean, green peas	10. Avoid - smoking, tobacco
11. Fresh, homemade, low spicy food	11. Street, outside packed food, spicy food, stored food

3. Behaviour Councelling :-

- Behavioral treatment is an approach used to help individuals develop a set of skills to achieve a healthier weight.
- It is more than helping people to decide what to change it is helping them identify how to change.
- The behavior change process is facilitated through the use of self-monitoring, goal setting and problem solving.
- Studies suggest that behavioral treatment produces weight loss of 8-10% during the frist 6 months of treatment.
- Avoid stress and anxiety is also one of the most important aspect.(2)

4. Lifestyle Changes :- A balance lifestyle is very much important for maintaining a healthy body.

INCLUDE	AVOID
Regular sleep: 7-8 hr. Refreshing Inadequate or irregular sleep disrupts hormones like leptin and ghrelin that regulate hunger and satiety leading to overeating - Poor sleep increases craving for high- calorie, sugary food. - Quality sleep supports metabolism and energy balance.	Avoiding addication (e.g., alcohol, smoking drugs): - Addictive substances can lead to poor dietary choices and reduced physical activity. - Alcohol in particular adds "empty" calories and can lower inhibitions increasing the likelihood of overeating. - Some druge disrupt metabolism or lead to unhealthy weight gain or loss cycles.
Regular physical activity helps maintain muscle mass, boosts metabolism and support weight loss. - Movement improves insulin sensitivity and reduces risks of obesity-related diseases.	Avoiding a sedentary lifestyle : -Physical onactivity reduces calorie burning and lead to fat accumulation.
Mindful eating and portion control help maintain a healthy energy balance. -Consistent healthy eating habits support long term weight menagement.	Controlling overeating: -Overeating, especially calorie-dense and nutrient-poor food, leads to a calorie surplus and weght gain.

5. Allopathic Approach:-

*** Allopathic Approch**

(a) Medications....

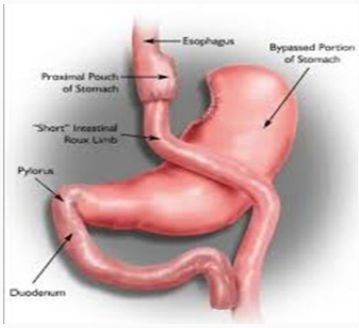
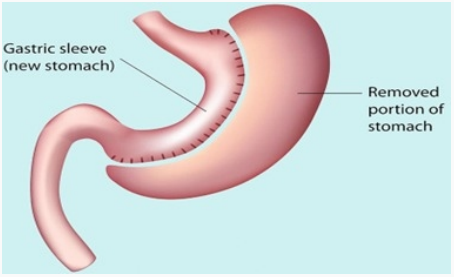
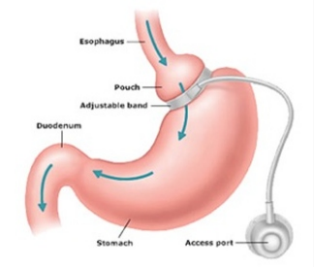
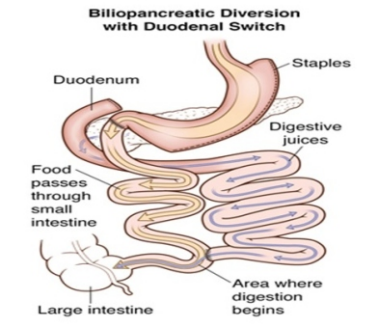
- Medications can be used in conjunction with lifestyle changes to manage obesity. There are several medications that are FDA-approved for the treatment of obesity, incuding orlistat, lorcaserin and phentermine-topiramate. These medications work by suppressing appetite or increasing feelings of fullness. It is important to note that medications should not be used as a replacement for lifestyle changes but rather as a supplement to them.(1)

(b) Surgery....

(b) Surgery....

-Surgery plays a significant role in the management of obesity especially for individual with severe obesity (typically defined as a body mass index [BMI] > 40, OR >35 with obesity-related health conditions) who have not achieved sutained weight loss through diet, exercise and medications. This approach is known as beriatric surgery.

Common Types of Bariatric Surgery :

1. Roux-en-Y Gastric Baypass (RYGB) -Reduces stomach size and reroutes the small intestine. -Limits food intake and nutrient absorption. -Often results in substantial weight loss and improvement in comorbidities like type 2 diabetes	
2. Sleeve Gastrectomy : - A large portion of the stomach, creating a banana-shaped "sleeve". - Reduces appetite and food intake. - Simpler than gastric bypass with fewer complications.	
3. Adjustable Gastric Banding (Lap-Band) : - A band is placed around the upper stomach to create a small pouch. - Less commonly performed today due to lower success rates and higher complication rates.	
4. Biliopancreatic Diversion with Duodenal Switch (BPD/DS): - A more complex surgery that combines sleeve gastrectomy with intestinal bypass. - Leads to significant weight loss but requires strict lifelong nutrient supplementation.	

Homoeopathic Approach :

-According to Constitution, Temperament and Diathesis of the patient, Homoeopathic medication should be given.

Ayurvedic Approach :

-Ayurveda provides an array of herbal medicines and supplements that can aid in weight loss. However it is crucial to consult a qualified ayurvedic practitioner before starting any medication.

Commonly used Ayurvedic medicines for weight loss include:

-Triphala is a blend of three fruits that improves digestion and metabolism.

-Guggul is a resin renowned for its fat-burning properties and cholesterol-lowering effects.

-Medohar Guggulu is herbal formulation that reduces fat accumulation and improves metabolism.(3)

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Aryan santuwala
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HOMEOPATHIC APPROACH IN OBESITY

Homeopathic medicines can help you lose weight by improving digestion, elimination and metabolism.But the medicines need to be individually prescribed based on your own unique pattern of symptoms.

1. Calcarea Carbonica (Calc. Card) : This remedy is often used for individuals who are overweight, especially those with a sluggish metabolism, tendency to overeat and who may experience fatigue and a tendency to feel cold. It is helpful for people who have difficulty losing weight despite trying. It is suitable to those who are fair, fatty, flabby.(1, 2)

2. Capsicum Annuum : This remedy is used for those who may have a slow metabolism and are prone to emotional eating or overindulgence in food. It's often recommended when there is a tendency to gain weight in the abdominal area. It is suited to those person who are of lax fibres, weak, lazy indolent, fat, red, clumsy, awkward and of unclean habits. Such persons are opposed to physical exertion. (1, 2)

3. Graphites : This is considered when there are digestive issues accompanying weight gain such as constipation or sluggish digestion. It is often used for people who may have skin conditions like eczema along with their obesity. It is suitable to those who are rather stout of fair complexion, fat, chilly and costive who have tendency to obesity (1, 2)

4. Ammonium Carbonicum (Ammonium carb) : This remedy is useful for individuals who are heavy feel lethargic and have difficulty losing weight due to sluggish digestion or poor metabolism. It is also recommended when there are bloating and discomfort after eating. It is adapted to fat person with weak heart with wheezing and suffocative feeling and who lead a sedentary life and very sensitive to cold air. (1, 2)

5. Ammonium Ureticum : This is less commonly used but may be applied for individuals with water retention and obesity combined with weakness especially when there is a tendency to feel weak after eating. (1, 2)

6. Antimonium Crudum (Antim Crude): This remedy may be used for individuals who have a tendency to overeat and who feel stuffed or uncomfortable after meals. It's often suited for people with digestive problems who also struggle with weight gain. [It is suited (1, 2)]

7. Kali Bichromicum (Kali Bich): This remedy is often used for individuals who experience a combination of excess weight and digestive issues like bloating or sluggishness. It can also be helpful for people with mucus congestion in the body. It is suited to fleshy, fat, light complexioned persons. (1, 2)

8. Kali Carbonicum (Kali Carb): Similar to Kali Bich this remedy is used for those who are overweight and experience digestive or respiratory difficulties. It is helpful for individuals who feel lethargic and struggle with weight gain despite efforts to lose it. Person having fatty degeneration. It is suited to fleshy aged people with dropsical and paretic tendencies. (1, 2)

9. Carbo Vegetabilis : For obesity with extreme bloating, flatulence and poor digestion. The person feels weak and cold with a desire for fresh air. Indicates a state of collapse or slowed down life force. It is suited to fat, sluggish and lazy person who has tendency of chronicity in his complaint.(1, 2)

10. Carbo Animalis: For obesity carbo animalis may be used when there is a tendency to feel sluggish, fatigued or overwhelmed often with poor digestion, bloating and a sensation of heaviness. The remedy might be considered for individuals who have a history of slow metabolism a tendency to gain weight easily and may experience difficulty with emotional stress or depression which can contribute to overeating or weight gain.(1, 2)

11. Cinchona Officinalis: In the case of obesity cinchona officinalis is often recommended for individuals who experience excessive weight gain due to poor digestion, sluggish metabolism or a tendency to retain fluids. This remedy is particularly helpful for individuals who feel overwhelmed by their weight often with a history of digestive issues or slow metabolism.(1, 2)

12. Thyrodinum: It is a homoeopathic remedy often used to address obesity linked to thyroid disorders particularly when the condition is associated with hypothyroidism. It is typically considered for patients who exhibit symptoms of sluggish metabolism, weight gain and hormonal imbalance. (1, 2)

13. Lycopodium: Often considered for cases of obesity particularly when it is accompanied by digestive issues a sluggish metabolism and a tendency to gain weight around the abdomen. This remedy is typically indicated for individuals who have a strong craving for sweets but may also have an aversion to food leading to irregular eating habits. It is suited to persons having canine hunger the more he eats the more he craves. (1, 2)

14. Terminalia Arjuna: Is belived to have properties that support the metabolism and help with weight management. Its active components may help in improving lipid metabolism and reduce fat accumulation. In homoeopathy it's often used for individuals struggling with weight due to metabolic imbalances or sluggish digestion. It has antioxident and anti-inflammatory effects which help in managing elevated cholesterol levels particularly by supporting the regulation of triglycerides and LDL cholesterol.

15. Barayta Carbonica : Useful for childhood obesity often linked with developmental often considered for the management of obesity particularly when it is accompanied by sluggish metabolism and a tendency to accumulated fat. (1, 2)

- Important Mother Tincture used for Obesity Management :

1. Phytolacca berry : Used in homoeopathic remedies for managing obesity particularly when the excess weight is linked to sluggish digestion and a lack of metabolism. In homoeopathy it is belived to work by stimulating the body's natural processes to remove waste and excess fat. The tincture is often prescribed when there are signs of bloating

constipation and a general sense of heaviness which are associated with a slow metabolism. It may also help reduce appetite and support the proper functioning of the digestive system.(1, 2)

2. Fucus vesiculosus : has been traditionally used in homoeopathy for managing obesity. It is believed to aid in weight loss by supporting metabolic processes and enhancing thyroid function. The herb contains iodine which is crucial for the proper functioning of the thyroid gland helping regulate metabolism. In homoeopathy fucus vesiculosus is prescribed to individuals who experience sluggish metabolism excessive weight gain and water retention often linked to hypothyroidism or a slow metabolism. By stimulating the thyroid and promoting better digestion it is thought to help balance the body's metabolic rate leading to weight loss.(1, 2)

3. Syzygium jambolanum : The tincture prepared from this plant is thought to help with obesity management by addressing the underlying metabolic disturbances. It is believed to aid in regulating blood suger levels, promoting efficient fat metabolism and reducing excess weight by enhancing digestive functions. This remedy is often considered when obesity is linked to issues like insulin resistance or a tendency for weight gain due to sluggish metabolism.(1, 2)

Main Rubric : GENERALITIES-OBESITY

This rubric deals with the general state of being overweight or obese.

Sub-rubrics and Related Rubrics :

1. Obesity - children, in :
Remedies:- Calc, Baryta-c, Caps, Phos, Graph, Sanic etc. (3)
Notes:- Useful for childhood obesity often limked with developmental delay(esp. Baryta-carb).

2. Obesity - after delivery :
Remedies :- Calc, Sep, Lach, Graph, Puls, Nat-m, Sulph (3)
Notes :- Related to hormonal imbalance, postpartum metabolism.

3. Obesity - flabby, fat :
Remedies : Calc, Caps, Phos, Sulph, Ant-c, Ambr, Graph (3)
Notes : Describes fat with lack of muscle tone.

4. Obesity -- with endocrine disturbance :
Remedies : Thyroidinum, Fucus vesiculosus, Calc, Sepia, lachesis (3)
Notes : Especially in hypothyroid or PCOD-related cases.

5. Obesity - constitutional tendency to :
Remedies : Calc, Graph, Ambr, Ant-c, Caps, Phos, Sulph(3)

6. Obesity - with sluggishness :
Remedies : Ant-c, Calc, Graph, Ambr, Sulph(3)
Related Rubrics

- STOMACH - APPETITE - increased :
  Remedies : Lyc, Ant-c, Phos, Iod, Sulph, Calc(3)
- STOMACH - THIRST - increased :
  Remedies : Nat-m, Sulph, Phos, Iod(3)
- GENERALITIES - SEDENTARY LIFESTYLE
  Remedies : Calc, Ant-c, Sulph, Graph, Caps(3)
- GENERALITIES - SLUGGISHNESS :
  Remedies : Ant-c, Calc, Graph, Sulph(3)

Refrances:-

1. Pocket manual of homoeopathic materia medica by william boericke
2. S.R.Pathak materia medica
3. Synthesis repertory

Bhargav Patel
2nd Year BHMS

THE IMPACT OF YOGA AND EXERCISE PROTOCOL IN THE MANAGEMENT OF OBESITY

Introduction

Obesity is a chronic health condition characterized by excessive fat accumulation that poses a risk to overall health. It is associated with numerous comorbidities including type 2 diabetes, cardiovascular disease, hypertension, sleep apnea and certain cancers. As global obesity rates continue to rise there is an increasing need for effective, sustainable and holistic approaches to its management. Among the non-pharmacological interventions, physical exerise and yoga have gained significant attention due to their wide-ranging benefit on both physical and mental health.

Understanding Obesity

Obesity results from an energy imbalance between calories consumed and expended. Contributing factors include poor dietary habits, sedentary lifestyle, genetics, psychological stress and socio-economic status. The Body Mass Index(BMI) is a widely used metric to classify obesity with a BMI of 30 or above considered obese.

Role of Exercise in Obesity Mamagement

Regular physical activity is a cornerstone of obesity treatment. Exercise enhances energy expenditure improves muscle mass and boosts metabolic rate. It also has profound on cardiovascular health insulin sensitivity and psychological well-being.

Types of Exercise Beneficial in Obesity

1. **Aerobic Exercise :** Activities like walking, cycling, swimming and jogging are effective in burning calories and reducing fat mass.
2. **Resiatance Training :** Strength training increases lean body mass which in turn elevates resting metabolic rate.
3. **High- Intensity Interval Training (HIIT) :** Combines short burst of intense activity with recovery periods shown to be particularly effective for fat loss.
4. **Flexibility and Balance Exercises :** While not directly reducing weight they improve overall fitness and reduce the risk of injury.

A structured exercise protocol combining aerobic and resistance training performed at moderate intensity for at least 150 minutes per week is recommended for significant health benefits

Yoga as a Complementary Therapy

Yoga an ancient practice integrating physical postures (asanas), breathing techniques (pranayama) and meditation provides a holistic approach to obesity management.

Mechanisms of Yoga in Obesity Control

1. **Stress Reduction :** Chronic stress contributes to weight gain through hormonal imbalances and emotional eating. Yoga helps reduce cortisol level thereby curbing stress- related weight gain.
2. **Improved Mindfulness :** Enhances body awareness and encourage healthier eating behaviors and lifestyle choices.
3. **Metabolic Regulation :** Certain yoga practices stimulate the endocrine system potentially improving metabolism and aiding in weight reduction.
4. **Physical Benefits :** Though less intense than traditional workouts, consistent yoga practice can improve flexibility muscle tone and cardiovascular health.

Popular styles like Hatha Vinyasa and Power Yoga can be adapted for individuals of all fitness levels.

Integrating Yoga and Exercise : A Synergistic Approach

Combining yoga with conventional exercise protocols can amplify benefits in the management of obesity :

- **Physical Benefits :** Enhanced fat loss, improved cardivascular health and better muscular strength.
- **Mental Health :** Reduced anxiety and depression often co existing with obesity.
- **Sustainability :** The holistic nature of yoga improves adherence to lifestyle changes making long-term weight maintenance achievable.

Conclusion

Obesity is a multifaceted condition that requires a comprehensive management strategy. While traditional exereise protocols remain a primary tool for weight loss, integrating yoga offers additional psychological and physiological benefits. The synergistic effect of combining yoga with aerobic and resistance training can lead to improved outcomes in weight management metabolic health and overall well-being. Future approaches should consider personalized culturally appropriate programs that incorporate both yoga and structured exercise for the most effective and sustainable results.

Evidence for Research

Numerous studies support the efficacy if yoga and exercise in obesity management. For instance :

A study published in the Journal of Obesity found that combining yoga with aerobic exercise led to greater redutions in BMI and waist circumference compared to ecercise alone.

A 12 week yoga intervention demonstrated significant improvements in weight, body composition and stress levels in overweight individuals.

DR. RUCHITA VASAVA
Assistant Professor
Vidhyadeep Institue of Physiotherapy

CASE STUDY

Preliminary Date :

Date : 13/07/24

Name : Mr. Patel

Age : 45

Address : Kim

Religion : Hindu

Sex : Male

Chief Complaint:

C/O Bloating of Abdomen
Heaviness in Abdomen

Constipation
Constantly Increasing Weight Gas and Acidity

Associated Complaint:

C/O Backche

Pain in Legs

Past History: H/O Recurrent Renal Calculi

Family History: No Any Family History

Obs & Gynaec History: Not Applicable

Physical General:

Appetite : Increased	Desire : Not Specific
Thirst : Moderate	Aversion : Not Specific
Urine : Pale Yellow	Perspiration : Not Much
Stool : Constipated	Addiction : No Any
Sleep : Sound	Thermal : Hot
Dreams : Not Remembered	Allergy : No Any

Systemic Examination:

Respiratory System :	AEBE clear No abnormal sound present
Cardiovascular System :	S, S_2 Heard Pulse - 76BPM
Gastrointestinal System :	P/A - Soft
Nervous System :	Pt is well oriented

Physical Examination:

Level of Consciousness : Well	Oedema : Absent
Weight : 80kg	BMI : 34.4 Kg/m
Hight : 5ft	Anemia :Absent
Pulse : 76 BPM	Hairs : NAD
Respiratory Rate : 23BPM	Nail : NAD
SpO2 :99%	Conjunctiva : NAD
Blood Pressure : 130/90MM of Hg	Lips : Pink
Temperature : 98.7°F	Teeth : White
Skin : Normal	Gums : Healthy
Jaundice : Absent	Tongue : NAD
Cyanosis : Absent	Lymph Nodes : Not Enlagged

Mind and Lifespan :

Mentally Patation is Health Conscious
Morning : Tea & Biscuit
Break (11am) : Farsam
Lunch : Roti + Sabji + Khichadi
Evening : Tea
Dinner : Dal + Rice + Roti + Sabji
Patient Like Spicy Food and Desires Rice

Provisional : Obesity

Investigation : Not Done

Final Diagnosis : Obesity

Totality of Symptoms :

Health Conscious
Bloating of Abdomen
Constipation Heaviness of Abdomen
Constantly Increasing Weight Gas Problem
Backache
Pain in Both Legs

Prescription :

℞

1. Lycopodium 200
   4-0-4 x 7days
2. Fucus Vesiculosus 0/
   5-5-5 drops mixed with 1 cup of water x 7days

Auxiliary Treatment & Advice:

Avoid Oily Food
Avoid Spice Food
Drink Plenty of Water
Avoid Stress
Take Protein Rich Diet

ACTIVITY

On 2nd July 2024 REVERENCE TO DR. SAMUEL HAHNEMANN Through Skit & Chart Compition

Blood Donation Camp Dt. 8.3.2025

Follow up :

Date	Follow up	Treatment
23/09/24	Weight : 81kg No any new complain Relief in gastric troubles Patient feel much better	℞ 1) Fucus Vesiculosus ⌀ 5-5-5 drops mixed with 1 cup of water x 15 days
07/10/24	Weight : 80kg No any fresh complain Dietary advice given	℞ 1) Fucus Vesiculosus ⌀ 5-5-5 drops mixed with 1 cup of water x 30 days
11/11/24	Weight : 78kg No any fresh complain Dietary advice given Patient feels much better	℞ 1) Fucus Vesiculosus ⌀ 5-5-5 drops mixed with 1 cup of water x 30 days
09/12/24	Weight : 75kg No any fresh complain Dietary advice given Patient feels much better	℞ 1) Fucus Vesiculosus ⌀ 5-5-5 drops mixed with 1 cup of water x 30 days

DR. MAITRI SUKHADIA
M.D.(Hom), Ph.d scholer
Assistant Professor

ACTIVITY

Fire Sefety Moke Drill
Dt. 26.6.2024

Elocution Competition
Dt. 15.7.2024

RESEARCHES ON OBESITY AND HOMOEOPATHY

Concept of Homeopathy in Obesity Treatment Homeopathy is based on the principle of "like cures like" and used highly diluted substances to stimulate the body's self-healing mchanisms. Homeopathic remedies are individualized based on the patient's symptoms constitution and psychological factors.

There are some research studues like,

1. Randomized Controlled Trials (RCTs) and Clinical Studies -

- Oberbaum, M., et al. (2018). "A systematic review of homeopathy in obesity management. "Journal of Alternative Medicine".

  A systematic review by Oberbaum et al. (2018) analyzed several randomized controlled trials on homeopathy and obesity. The study concluded that while some trials reported minor weight loss the evidebce was insufficient to establish homeopathy as a primary treatment for obesity.

- Jacobs, J., et al. (2015). "A double-blind placebo-controlled study on individualized homeopathy for obesity." Complementary Therapies in Medicine.

A double-blind placebo-controlled study by Jacobs et al. (2015) investigated individualized homeopathic reatment for obesity. The findings indicated a marginal improvement in weight management when combined with dietary counseline.

- Saha, S., et al. (2020). "Effect of Phytolacca Berry on weight reduction: A clinical study." Indian Journal of Homeopathic Research.

A study by Saha et al. (2020) evaluated the Effect of Phytolacca Berry on weight reduction. The results showed a statistically significant reduction in body weight over 12 week, suggesting a potential role this remedy in obesity management.

2. Mechanistic Studies -

- Sharma, A., et al. (2017). "Metabolic effects of homeopathic medicines on obesity." Homeopathy Research Journal.

Research by Sharma et al. (2017) proposed that homeopathic medicines may influence metabolic rate and lipid metabolism leading to weight loss. However the exact mechanism remains unclear and warrants further invistgation.

- Patel, R., et al. (2016) "Animal model studies on homeopathy and thyroid function in obesity. " Journal of Integrative Medicine.

Animal studies conducted by Patel et al. (2016) on homeopathic remedies like Fucus Vesiculosus suggested a possible impact on thyroid function which could influence weight regulation.

3. Meta-analyses and Systematic Reviews -

- Ernst, E. (2019). "Meta-analysis of homoeopathic interventions in weight loss." International Journal of Obesity Research.

A meta-analysis by Ernst (2019) reviewed multiple studies on homeopathy and obesity and concluded that the overall quality of evidence was low and results were inconsistent.

- Mathie, R. T., et al. (2021). "Homeopathy for obesity: A systematic review of clinical evidence." Evidence-Based Complementary Medicine.

A review by Mathie et al. (2021) found no conclusive proof supporting homeopathy as an effective treatment for obesity recommending more rigorous and high-quality trials.

Conclusion While homeopathy remains a popular alternative treatment scientific validation for its efficacy in obesity management. Homeopathy has good potential to manage Obesity with Individualized medicine along with conventional methods such as dietary regulation exercise and pharmacotherapy should remain the cornerstone of obesity management.

References :-

1. Oberbaum, M., et al. (2018). "A systematic review of homeopathy in obesity management. "Journal of Alternative Medicine.
2. Jacobs, J., et al. (2015). "A double-blind placebo-controlled study on individualized homeopathy for obesity." Complementary Therapies in Medicine.
3. Saha, S., et al. (2020). "Effect of Phytolacca Berry on weight reduction: A clinical study." Indian Journal of Homeopathic Research.
4. Sharma, A., et al. (2017). "Metabolic effects of homeopathic medicines on obesity." Homeopathy Research Journal.
5. Patel, R., et al. (2016) "Animal model studies on homeopathy and thyroid function in obesity. " Journal of Integrative Medicine.
6. Ernst, E. (2019). "Meta-analysis of homoeopathic interventions in weight loss." International Journal of Obesity Research.
7. Mathie, R. T., et al. (2021). "Homeopathy for obesity: A systematic review of clinical evidence." Evidence-Based Complementary Medicine.

CONGRATULATION

CONGRATULATION TO DR. AVANI PATEL
FOR GETTING THE FRIST AWARD OF
BEST TEACHER OF VIDHYADEEP UNIVERSITY
IT IS PROUD FEELING FOR
DEPARTMENT OF HOMOEOPATHY

Held a free Homoeopathic Camp on 9/10/24 From 9.30am to 1pm at new Adopted Villege Ilav, Gujarat in This Camp Distribute Free

Vidhyadeep Mega Placement Carnival - 2025

Hospital Activity
Ganesh Nagar, Kim 10.4.2025

National Homoeopathy Seminar A Landmark Success ! Our Speaker Renowned Homoeopath Dr. Didar Singh Sir Vaptivated The Audience With His Pioneering Homoeopathic Approaches And in-depth Understanding of the Field. Our Guest of Honour Dr. Dasgrath Pachchigar Sir Lovingly Known as "Kaka" and Honored as the "Teacher of Teachers" Inspired Attendees With His Invaluable Wisdm And Contribution to the Field Dt. 22/10/2024

Workshop by Department of Pathology 9/1/2025

Education Visit

Sr. No.	Date	Year	Visit Place	Deprtment
1	19/07/2024	3rd Year	Samuhik Arogya Kendra, Mangrol	Gny & Obs
2	13/12/2024	4th Year	Sumul Dairy, Surat	Community Medicine
3	11/03/2025	4th Year	Primary Health Centre, Ilav	Community Medicine
4	18/03/2025	4th Year	Water Treatment Plant, Sarthana, Surat.	Community Medicine
5	20/03/2025	2nd Year	Kim Police Station	Forensic Medicine and Toxicology
6	18/04/2025	4th Year	Old Age Home	All

	Camp Date	Camp Place	Camp Name	No. of Patient
1	21-6-24	Kimamli	Yoga Day	35+
2	01-7-24	Bolav	Doctor's Day	30+
3	10-7-24	VCT Hospital(Gnan Shakti School) 7A	Immuno Booster Dose Medicine Distribution	51
4	12-7-24	VCT Hospital(Gnan Shakti School) 7D	Immuno Booster Dose Medicine Distribution	45
5	13-7-24	VCT Hospital (Gnan ShaktiSchool) 7C	Immuno Booster Dose Medicine Distribution	49
6	15-7-24	VCT Hospital(Gnan Shakti School) 7B	Immuno Booster Dose Medicine Distribution	46
7	16-7-24	VCT Hospital	Blood DonationThalasemia Screening Camp	30
8	27-7-24	Vidhyadeep School	Menstrual Health Awareness	5th to 12th STD Girls
9	30-7-24	J.R. Patel School, Takarma	Menstrual Health Awareness	5th to 12th STD Girls
10	13-8-24	Aasiyana Nagar, Prathmik Sala, Kim	Menstrual Health Awareness	5th to 12th STD Girls
11	21-8-24	Tapovan Vidhyadham, Mulad, Kim.	Menstrual Health Awareness	5th to 12th STD Girls
12	22-8-24	Sanskar Vidhyadham, Kim.	Menstrual Health Awareness	5th to 12th STD Girls
13	09-10-24	Ilav	General Camp	90
14	17-10-24	Shree Ranchhodrai Madir, Kudsad	General Camp	50
15	30-01-25	Gram panchayat, Kim	General Camp	56
16	08-03-25	VCT Hospital, Anita	Blood Donation Camp	50+
17	01-04-25	Ashram Sala, Ilav	Menstrual Health Awareness	70
18	07-04-25	Gyan Shakti Residential School of Excelleance	Menstrual Health Awarenesson Occ of World Health Day	
19	10-04-25	AVBP Office, Shivalik Complex, Ganesh Nagar, Kim	General Camp	45+
20	10-04-25	VCT Hospital, Anita	General Camp	55+

ACTIVITY

Happy Independence Day
Dt. 15/ 8 / 2024

Happy Teacher's Day
Dt. 5/ 9 / 2024

International Yoga Day
Dt. 21st june 2024

International Yoga Day
Dt. 21st june 2024

"World Environment Day"
5th june 2024

Gita Jyanti Celebration
2024

Razzmatazz 2024

Razzmatazz 2024

World Homoeopathie Day
10th April 2025

Manthan-2025

Sports Day
Chess Runner up

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