

Review Article

Efficacy of Homoeopathic Medicines in Management of Primary Obesity

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ABSTRACT

Background: The aim of this study was to explore the efficacy of homoeopathic medications as well as the function that diet and exercise routines play in the treatment of primary obesity. It was confined to randomly chosen individuals with primary obesity between the ages of 15 and 35, of both genders. Total 30 patients took part in the present study. Prior to the administration of medicine, appropriate dietary and hygienic measures were put into effect. BMI measurement was used to evaluate treatment efficacy in accordance with National Heart, Blood, and Lung Institute standards (NHBLI).

Conclusion: Although it is referred to as a "new disease," obesity is one of the oldest metabolic disorders and typically affects people in their middle years (20–40 years). The age distribution of the cases in the present study indicates that instances are more common in the 20–30 age range. The gender distribution reveals that obesity affects women more than men. A review of family history reveals that positive family history for obesity is present in 63.33% of cases overall. The evaluation of the final findings demonstrates the considerable effectiveness of diet and regimen and homoeopathic medicine in the treatment of primary obesity cases.

Keywords: Obesity, Homoeopathic medicine, Diet and Regimen



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Conflict of Interest: None Declared!

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INTRODUCTION

Obesity can be defined simply as a disease in which excess body fat has accumulated to an extent that health may be adversely affected (WHO 1997). It has serious negative consequences on health and can cause a wide range of issues or symptoms. Obesity has reached epidemic proportions in India in the 21st century; with morbid obesity affecting 5% of the country's population. India is following a trend of other developed countries that are steadily becoming more obese. Unhealthy, processed food has become much more accessible following India's continued integration in global food markets. Morbidly obese individuals have as much as a twelvefold increase in mortality. As obesity rises, mortality rates also climb.

Obesity is linked to disorders affecting the reproductive axis in both men and women. Increased adipose tissue is linked to hypogonadism in men, whereas irregular menstruation is linked to obesity in women. Excessive weight makes it impossible to enjoy and sustain excellent health. It causes tiredness, heaviness in the chest, and sluggishness, which prevents us from being physically inactive and seriously damages a number of organs. When obesity reaches this level, it's regarded as a disease.

Obesity raises the risk of several other diseases, especially osteoarthritis, heart disease, type 2 diabetes, obstructive sleep apnea, and some types of cancer. Genetic predisposition, inactivity, and excessive food

intake are the main causes of obesity; however, in a small percentage of instances, endocrine problems, drugs, or mental health issues play a major role. There is little evidence to back up the theory that some fat persons have sluggish metabolisms and consume little, which causes them to acquire weight. Because it takes more energy to maintain an increased body mass, obese people often burn more energy than thin ones.

Globally, obesity is one of the leading preventable causes of death, and its prevalence is rising in both adults and children. According to experts, it is one of the biggest issues facing public health in the twenty-first century. Although it was once commonly regarded as a symbol of fertility and richness and continues to be so in some regions of the world, obesity is stigmatized in most of the modern world, especially in the West. The American Medical Association declared obesity to be a disease in 2013.

AIMS AND OBJECTIVES

Official Title: *To Study the Efficacy of Homoeopathic Medicines along with Diet & Regimen in Management of Primary Obesity*

Aim: To Study the Efficacy of Homoeopathic Medicines along with Diet & Regimen in Management of Primary Obesity.

Objectives:

To study the Primary Obesity in detail.

To assess the role of Homoeopathic Medicines along with Diet & Regimen in Management of Primary Obesity.

To compare the efficacy of Homoeopathic Medicines and the efficacy of Homoeopathic Medicines along with Diet & Regimen in Management of Primary obesity.

MATERIAL AND MEHODS

Study Setting: The study was conducted at SKH Medical College, Beed (M.S.). Patients for the study were selected from the College & Peripheral OPDs as well as IPD Department.

Study Duration: Patients registered between January 2013- May2014 were selected for the study. Each case was followed up to 6 months and more if required.

Study Design: A Randomized Single Blind Placebo Control Trial

Sample Size & Selection of Sample: Approximately 30 cases were selected by simple random sampling technique. Selected 30 cases are divided in two groups i.e. Group A and Group B respectively.

Both the group comprised 15 cases each.

Group A (i.e. Treatment Group) received appropriate Homoeopathic Medicine along with Diet & Regimen.

Group B (i.e. Control Group) received Placebo along with Diet &Regimen.

Inclusion & Exclusion Criteria:

Inclusion Criteria:

- a) Patient of age group 15 years to 35 years, of both sexes, of various occupations, and different socio-economic status were included.
- b) Patients who were willing to follow the study protocol.
- c) Patients suffering from Primary Obesity and willing to participate in the study.

Exclusion Criteria:

- a) Patients with age below 15 years and above 35 years.
- b) Patients with systemic diseases like Diabetes Mellitus, Hypertension, TB, Severe anaemia, malignancy etc.
- c) Patients of secondary obesity are excluded.
- d) Handicapped patients are excluded.
- e) Patients having autoimmune diseases are excluded.
- f) Patients who were not willing to follow the study protocol.

Informed Written Consent: Patient fulfilling the inclusion criteria mentioned above were given the information sheet having details regarding the nature of the study and medicines to be used. Participants were given enough time to go through the study details mentioned in the information sheet. They were given opportunity to ask any question and if they agree to participate in the study they were asked to sign the informed consent form.

Selection of Tools: Patient fulfilling the assessment criteria of Primary Obesity under guidelines given in NHLBI for calculation of BMI

Data Collection:

Case Recording: A uniform Performa of case taking was maintained for each of the patient. This Performa incorporated all specific information about the patient, including their age, sex, religion, marital status, socio-economic condition, occupation, chief complaints, past, personal and family history, treatment adopted, physical/ mental generals, physical examination, findings, etc. The format also recorded the details of treatment given with the medicine, potency, repetition schedule, details of follow-up till the end of treatment.

Selection and Administration of Medicine: Homoeopathic Medicines were prescribed to the patients based on the “totality of symptoms. The selection of Homoeopathic medicine was made by matching the symptomatology of medicines mentioned in different sources/ texts/ therapeutic books under different drugs and guided by the totality of the symptoms of the patients obtained through the repertorization of the case.

Case Repertorization: All the cases were repertorized properly with the help of Computer repertories or Kent Repertory as per the need of the case.

Selection of Potency: Selection of the potency was done based entirely upon the nature, seat and phase of disease, nature of susceptibility of the patient.

Repetition Schedule: The doses of the Medicine were repeated as per the need of patient.

Dietetic & Hygienic Measures: Proper dietetic and hygienic measures were taken before administration of medicines, which are used as specific stimuli to rouse the vital force to react against the morbid agent and overcome their noxious influences (§259-263). The patients were instructed to take vegetarian low fat diet. Excess of food and excess use of sugar and salt, highly fried food, tea, coffee was to be avoided. All sour thing like lemon, tamarind etc. are to be avoided, as these aggravate symptoms of the disease.

Follow-Up and Monitoring: All the patients were advised to report at regular intervals according to the severity of symptoms presented by the patients. Follow up charts

were maintained throughout the study period.

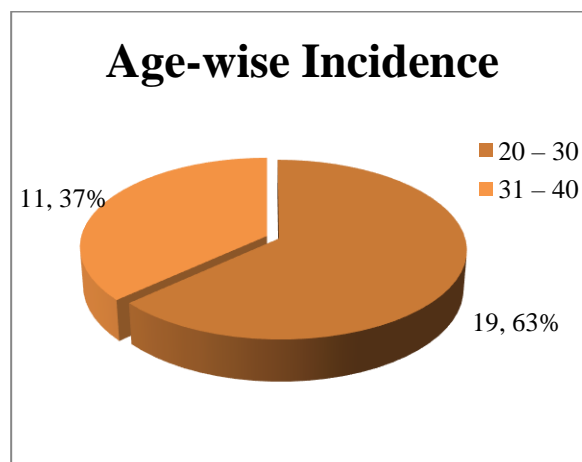
Statistical Techniques: The descriptive statistics as Mean, Median, Standard Deviation, Range, Percentage or Proportion was applied to get the results.

Data Analysis: The data analysis was done by applying appropriate tests of significance namely Unpaired ‘t’ test was applied at 5% and 1% level of significance.

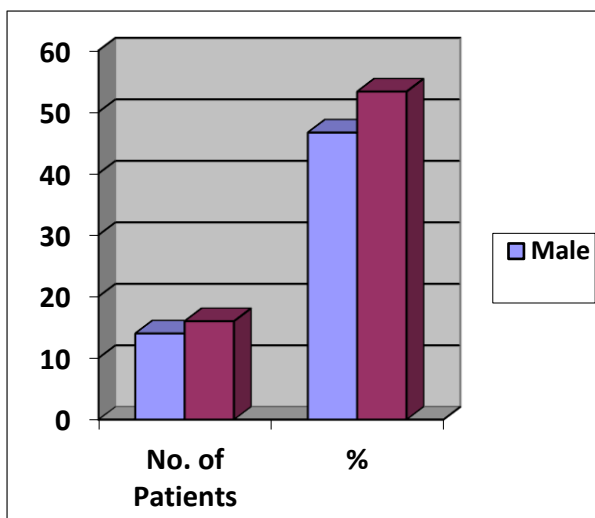
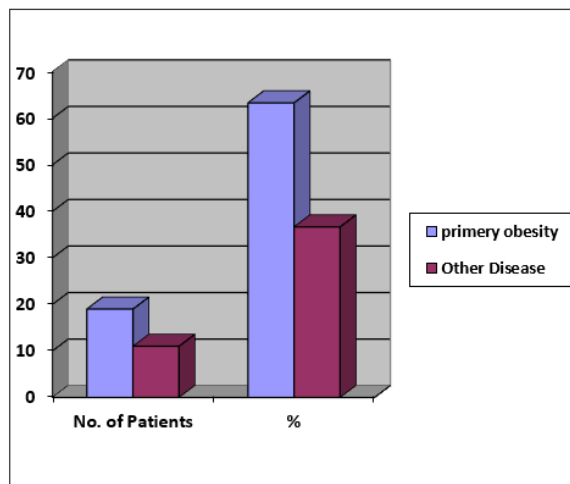
Outcome Assessment Criteria: The Primary goal of treatment is to improve obesity-related co- morbid and reduce the risk of developing future co-morbidities. Therapy for obesity always begins with lifestyle management and may include pharmacotherapy or surgery, depending on BMI risk category. Setting an initial weight-loss goal of 10% over 6 month is a realistic target. End treatment assessment was done in the form of Pre and Post test assessment according to BMI as per guidelines given in NHLBI.

RESULTS

Age Group	No. of Patients	%
20 – 30	19	63.34
31 – 40	11	36.66
Total	30	100.00



Sex	No. of Patients	%
Male	14	46.67
Female	16	53.33
Total	30	100.00



Family H/O	No. of Patients	%
Primary Obesity	19	63.33
Other Disease	11	36.67
Total	30	100.00

Obesity is one of the common metabolic disorders affecting almost all the system of the body. Females are predominantly attacked. The most common presenting features are pain and stiffness in joints, aggravation at morning, malaise, weakness, fatigue and occasionally with breathlessness. The present study comprises 30 cases of Primary Obesity. Cases were presented both with common symptoms of obesity as well as peculiar, characteristic symptoms of the patient. While selecting the similitum due importance was given to “totality of symptoms”.

The age distribution the majority of cases (63.34%) were observed in the age group 20 to 30 years. The sex distribution of the Obesity shows much difference, 46.66% and 53.34% in male and female respectively. Out of 30 cases, in 19 cases (63.33%), there was a positive family history of obesity. Family history of other miasmatic diseases was not infrequent. Regarding miasmatic background of cases involved in the study shows sycotic miasmatic dominance in the study.

Being a metabolic disorder, in obesity along with medicinal treatment, patient education and physical therapy plays important role. The treatment has to be continued for long period and he/she should try to maintain weight loss.

End results shows, Out of 15 cases of treatment group, 06 cases were showed marked improvement, 02 were closed for the study as moderately improved, 04 cases showed mild improvement, while 03 cases were closed for the study as not

improved.

Out of 15 cases of control group, 02 cases were showed marked improvement, 02 were closed for the study as moderately improved, 10 cases showed no improvement, while 01 case was closed for the study as dropped out case as the patient didn't came for further follow up.

CONCLUSION:

Obesity is one of the oldest metabolic diseases though it is called 'new disease' very commonly affecting to the middle age group (20-40 years). Female sex was more commonly affected by this disease. Modern system of medicine has been failed to offer any reliable and curative treatment to the patients suffering from obesity. Homoeopathy being a distinct mode of therapeutics offers curative treatment.

If the disease in early stage particularly at the functional level be treated with constitutional anti-miasmatic treatment, it can be cured. Structural changes (organic pathology) in early reversible stage can also be cured through homoeopathic treatment, but if structural changes become irreversible cure is not possible through homeopathy, only suitable palliation from time to time will help to decrease the suffering of the patients.

In this research, an effort was made to show the utility of homoeopathic medicine in the management of cases of primary obesity. While treating the patient Homoeopathy considers man as a whole, i.e. his body and life force. Homoeopathy considers patient as a sick person in the first instance. 'Treat the patient not the disease', says Master Hahnemann. To a homoeopathic physician signs & symptoms not only reveal the diagnosis of the disease but also the medicine of the patient. Based on the symptoms of the patient he can even detect the earliest manifestations of the disease process before it can damage the anatomy of the patient. Homoeopathy does not have any conflict with other medicinal systems and their methods of practice. But it strongly and openly opposes the practice of suppressing the most troublesome symptoms without doing anything for cure.

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