



## **Homoeopathic Management of Overweight And Obesity in Paediatrics Age Group**

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### **Abstract**

Assessing the children at early age helps to prevent and manage overweight and obesity and it also decrease the chances of other health related issues associated with it. Homeopathic intervention is very useful and helpful in the management of obesity in pediatric age group because it not only helps to treat the obesity but also helps in managing the other health related issues associated with the obesity such as High cholesterol, High blood pressure, Early heart disease, Diabetes, Bone problems etc. Holistic and individualistic approach of homoeopathy also helps in removing the root cause of Obesity which helps the children to lead a healthy life.

**Key Word-** BMI, Homoeopathic Medicine, Paediatric obesity.

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### **INTRODUCTION**

Childhood obesity has become an epidemic in the present world with no exclusion of developed or developing nation. Childhood obesity has not only have significant impact on physical health but it affects psychological health massively. Most of obese children are likely to remain obese in adulthood and then they develop non communicable diseases like diabetes and cardiovascular disease at a relatively younger age. Exact

mechanism of development of obesity is still not known but it is believed that it is a disorder with many different causes. Environmental factors, lifestyle and cultural environment in which patient lives plays a major role in prevalence of obesity.

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In general, obesity/overweight is a result of high intake of calories or fat and low burning of calories. In general, Overweight/Obesity is the result of increase calorie or fat intake. Childhood obesity affects all aspect of children's growth, not only physical but emotional well-being, along with his/her self-esteem also gets affected with this. Due to overweight/obesity childrens also experience poor quality of life and their academic performance also decreased. Due to childhood obesity many co-morbid conditions like metabolic, cardiovascular, neurological, orthopedic, hepatic and renal disorders also developed.

### Definition<sup>1</sup>

There is no single definition of obesity is present and it changed a lot as we progressed in time but in simple words it can be defined as the excess of body fat. There is no fix cut off to check fatness or obesity in the childrens as every country has their own cutoff range. WHO, European countries, India and majoritiy of authorities worldwide consider overweight between at or above 85th and 95th percentile) and obese at or above 95th percentile.

### Epidemiology

Obesity has reached epidemic proportions in India in the 21st century, with morbid obesity affecting 5% of the

country's population.<sup>3</sup> Urbanization and modernization has been associated with obesity.<sup>4</sup> In Northern India obesity was most prevalent in urban populations (male = 5.5%, female = 12.6%), followed by the urban slums (male = 1.9%, female = 7.2%). Obesity rates were the lowest in rural populations (male = 1.6%, female = 3.8%).<sup>4</sup>

Socioeconomic class also had an effect on the rate of obesity. Women of high socioeconomic class had rates of 10.4% as opposed to 0.9% in women of low socioeconomic class.<sup>5</sup> with people moving into urban centers and wealth increasing, concerns about an obesity epidemic in India are growing.

### Classification<sup>6</sup>

Body mass index (BMI) is acceptable for determining obesity for children two years of age and older. It is determined by the ratio of weight to height.

The normal range for BMI in children varies with age and sex. While a BMI above the 85th percentile is defined as overweight, a BMI greater than or equal to the 95th percentile is defined as obesity.

Underweight	Below 5 Percentile
Normal	5 <sup>th</sup> to 85 <sup>th</sup> Percentile
Overweight	85 <sup>th</sup> to 95 <sup>th</sup> Percentile

Obese	Above 95 <sup>th</sup> Percentile
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### Etiology<sup>7</sup>

Obesity and overweight is simply the result of increased intake of calories than burning of calories. The balance between both determines the weight of person. Therefore the most common causes are overeating and less physical activity. Other most common causes are:-

- Physical inactivity
- Overeating
- Genetics
- Increased frequency of eating.
- Hormonal disorders
- Some Medications
- Psychological factors
- Diseases
- Social or Environmental issues

### Clinical Features<sup>8</sup>

Obesity produces many clinical symptoms as it is associated with many diseases. Few common symptoms of Obesity are

- Increased weight (BMI)
- Tachycardia
- Breathlessness
- Increased sweating
- Feeling very tired everyday
- Back pain and joint pain
- Low confidence and self-esteem
- Feeling isolated or lonely
- High Blood pressure

- Fatigue and feeling lethargic

### Diagnosis<sup>9</sup>

To diagnose a child as overweight or obese, doctors use child's body mass index or BMI to obtain a percentile ranking. BMI is a measure of weight in relation to height and it indicates the amount of body fat any children has. If a child's BMI falls in between 85<sup>th</sup> to 95<sup>th</sup> percentile he/she considers as overweight and if it falls at or above 95<sup>th</sup> percentile he or she considered as obese.

### Differential Diagnosis<sup>7</sup>

- Diabetes
- Growth hormone deficiency
- Hypothyroidism
- Iatrogenic Cushing syndrome
- Polycystic ovarian disease
- Prayer-Willis syndrome
- Precocious Puberty

### Complications<sup>7</sup>

Obese children are always at high risk for a number of complicated conditions, including:

- High Cholesterol
- High Blood Pressure
- Early Heart Disease
- Diabetes
- Bone Problem
- Skin conditions such as heat rash, fungal infections and acne etc.

## Management<sup>7</sup>

Obesity in children is mainly treated with dietary changes and physical activity. Dieting and missing meals are not useful in treatment of obesity in children and it should be discouraged. Increased physical activity and healthy diet has shown great results in majority of cases of obesity in children.

**Lifestyle:** If children are more active and lives a less sedentary life, the rate of obesity would be decreased or less. Parents should note the warning flags and always encourage their children to be more active physically and eat healthy food.

**Surgery:** Surgical management of obesity has not shown good results comparing to lifestyle changes in children. Bariatric surgical procedures are mostly used in adolescent with severe obesity to promote weight loss.

**Psycho-social therapy:** Children suffering from overweight/obesity are bullied in schools and their friends circle and this can drastically affect their mental health. Psychological counseling is must require to improve their mental health and this also helps them in leading a healthy along with increasing their quality of life and confidence.

### Homoeopathic View:

Homoeopathy is “the medicine of likes” (as etymological ‘homois’ means like of

similar- ‘pathos’ meaning suffering). In other words homoeopathy is a method of curing the suffering of a person by the administration of the drug which has been experimentally proved to possess power of producing similar suffering in a healthy human being. It is specialized system of drug therapy and nothing more or nothing less.<sup>10</sup> There are a large number of medicines available in Homoeopathic Literature. Various medicines indicated for obesity are:

**Antimonium Crudum** - Tendency to grow fat, obese people with thickly coated tongue and digestive disturbances of varying degrees. The constitutions are very irritable and fretful.

**Calcarea Carbonicum-** Suitable for women and children of leucophlegmatic temperament with tendency to obesity. Constitutions deficient in assimilative powers are benefitted by this remedy. Rapid deposit of fat in cellular tissues, especially around abdomen but tissues imperfectly nourished.<sup>11</sup>

**Capsicum-** Suited to person who are fat, indolent, opposed to physical exertion, get homesick easily. Persons having feeble digestion and lax fiber. Chilly with lack of vital heat.

**Ferrum Metallicum** - Flabby, anaemic and plethoric person with false plethora

and relaxed muscle. Easily irritable constitution having voracious appetite.<sup>13</sup>

**Fucus Vesiculosus** - Obesity associated with non-toxic goiter with flatulent tendency and obstinate constipation. It is used in material doses and triturated preparations.

**Graphites** - Suitable for women, who are inclined to obesity, delayed menstruation with habitual constipation. Follows well calc carb in young women with large number of unhealthy adipose tissue.<sup>13</sup>

**Kalium Bromatum** - It is adapted to persons who are inclined to obesity. Suited better to children than adults.

**Lac Defloratum** - Obesity associated with fatty degeneration of tissues, dropsy and liver complaints. Helpful in complications due to obesity.

**Phytolacca Berry** - Clinically found to be efficacious in obesity.<sup>12</sup>

#### REFERENCES:

1. Krushnapriya Sahoo, Bishnupriya Sahoo, Ashok Kumar Choudhury, Nighat Yasin Sofi, Raman Kumar, and Ajeet Singh Bhadoria. Childhood obesity: causes and consequences. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4408699/>)
2. [https://en.wikipedia.org/wiki/Epidemiology\\_of\\_obesity](https://en.wikipedia.org/wiki/Epidemiology_of_obesity)
3. "India facing obesity epidemic: experts". The Hindu. 2007-10-12.
4. Yadav K, Krishnan A (September 2008). "Changing patterns of diet, physical activity and obesity among urban, rural and slum populations in north India". *Obes Rev.* 9 (5): 400–8. doi:10.1111/j.1467-789X.2008.00505.x. PMID 18627500.
5. Praween Kumar Agrawal (2002-05-23). "Emerging obesity in northern Indian states: A serious threat for health" (PDF). IUSSP Conference, Bankik, 10 June–12-2002. Retrieved 2008-07-24.
6. [https://www.cdc.gov/healthyweight/assessing/bmi/childrens\\_bmi/about\\_childrens\\_bmi.html](https://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html)
7. Steven M Schwarz, MD, FAAP, FACN, AGAF Professor of Pediatrics, Children's Hospital at Downstate, State University of New York Downstate Medical Center. Obesity in Children Clinical Presentation. (<https://emedicine.medscape.com/article/985333>)
8. Obesity symptoms (<https://www.healthdirect.gov.au/obesity-symptoms>)
9. Valerio, Giuliana et al. "Diagnosis, treatment and prevention of pediatric obesity: consensus position statement of the Italian Society for Pediatric

- Endocrinology and Diabetology and the Italian Society of Pediatrics.” Italian journal of pediatrics vol. 44,1 88. 31 Jul. 2018, doi:10.1186/s13052-018-0525-6
10. Sarkar B.K. Hahnemann’s Organon of Medicine. 4th Reprint edition. Delhi: Birla Publication Private Limited; 2003.
11. Nash. E. B. Lectures in Homoeopathic Therapeutics. First Edition, New Delhi; Published by Indian Books & Periodicals, 2006
12. Close Stuart. The Genius of Homoeopathy, Lecture and Essays on Homoeopathic Philosophy. Reprinted. New Delhi; B. Jain Publishers Pvt. Ltd. 1995
13. Allen. JH. The chronic miasms. Reprinted ed. New Delhi: B. Jain Publishers Pvt. Ltd. 1998.

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