

# Role of Homoeopathy Treatment In Obesity

**Abstract**-Obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. Obesity is one side of the double burden of malnutrition, and today more people are obese than underweight in every region except sub-Saharan Africa and Asia.

Obesity increased risk of cancer, hormonal imbalance, & other significant disorders have been linked to obesity. Because of the multiple causes, obesity is very challenging to treat. Overall, in the world, 35 million people suffer from obesity. Overweight & obese also leads to psychological issues. Homoeopathic mode of treatment & management is a safe & indefinite way to overcome obesity without any side effects.

Homoeopathic medicines also treat & correct the underlying problems such as endocrinal disturbance, overeating & stress & anxiety. Daily physical activity & lifestyle change with Homoeopathy can be very effective to treat obesity.

**Keywords**-Obesity, Public health problem, Multiple cause, Homoeopathic management. **Introduction**-Obesity should not be defined by body weight alone, as muscular individuals may be overweight by arbitrary standards

without having increased adiposity.

Obesity is a state of excess adipose tissue mass. Body weight exceeds more than 20% - 25% considered as both men & women are obese. Children & adolescents also are becoming more obese, indicating that the current trends will accelerate over time. Obesity is associated with an increased risk of multiple health problems, including hypertension, type 2 diabetes, dyslipidemia, obstructive sleep apnea, nonalcoholic fatty liver disease, degenerative joint disease, & some malignancies.

The most widely used method to classify weight status and risk of disease is the body mass index (BMI). At a similar BMI, women have more body fat than men.

The BMI and other so-called "field methods" among them to measure obesity, waist circumference, waist-to-hip ratio, skinfold thickness, & bioelectrical impedance are useful in clinics and community settings, as well as in large research studies.

**Epidemiology**-Overall, 40% of women & 12% of men are abdominally obese in the country, but 49.3% of women in the age group of 30-39 and 56.7% of women in the age group of 40-49 cross the cut-off mark. Meas-ured on BMI, only 23% of the women cross the cut-off mark for obesity.

**Etiology of Obesity**-Lack of physical activity, Unhealthy eating behaviors •Not getting enough good-quality sleep, •High amounts of stress, •Genetics, •Health conditions, •Medicines.

**Clinical Feature of Obesity**-Excess body fat, •Shortness of breath, •Snoring •Sweating more than usual, •Fatigue •Skin problems, •Pain, especially in the back and joints.

**Complication**-Type 2 diabetes mellitus, •Some types of cancer, •Sleep apnea, •Asthma, •Kidney disease, •Osteoarthritis, •Management of Obesity-We can manage

obesity by Diet regulation & Physical activity with Homoeopathic medicine.

**Physical Activity**-For an average adult at least 30 minutes of moderate physical activity is recommended on 5 or more days a week to lose weight & maintain the weight loss. Most obese individuals however need to target a 45 to 60 minutes of moderate activity a day to stop them gaining weight. After losing the weight 60 to 90 minutes a day of moderate activity is needed to prevent putting on the weight again.

**Dietary Management**-The calorie intake is usually reduced for obese individuals along with increased physical activity. Adults should usually be advised to follow a low-fat diet.

The patient is advised about 600 kilocalories (kcal) less than what he or she needs to stay the same weight. A low calorie diet provides only 1000 to 1600 kcal a day. Along with decrease in calories, vitamins & vital nutrients are ensured in diet to prevent deficiencies. For those with a body mass index (BMI) of over 30 and those who have stopped losing weight before reaching their target, a very low calorie diet may be recommended. Ideal diet should avoid sweets, sugary drinks, foods rich in saturated and trans fats & be low of sodium (salt).

**Homoeopathic Management**-Homoeopathic treatment is the safest treatment bearing less pain. Constitutional treatment is the natural treatment for Obesity. Homoeopathic treatment for Obesity is based on treating cause of disease. The underlying medicines are indicating the therapeutic affinity but this is not a complete & proper guide to the treatment of the obesity.

**Phytolacca**-Decrease of weight. Aged person have constipation and they had weak heart. Aphonia, difficulty in breathing. Tincture of Phytolaccaberry is treatment of obesity.

**Calcarea Carbonicum**-These persons are so called leuco-phlegmatic temperament, because of pale skin, chalky appearance. Calcarea Carbonicum children are grow fat & they have large belly. Fat, flabby baby, Fatness without fitness, more flabby bulk with weakness & weariness.

## BODY MASS INDEX



**Ammonium Carbonicum**-Stout women, who lead a sedentary life & weary take cold easily. They are always tired. Flatulent, Dyspepsia. Great appetite but easily satisfied.

**Ammonium Muraticum**-It is adopted to fat and sluggish patients. Excessive fatty deposit around abdomen. Much flatulency. Body looks large and fat, but their legs too thin.

**Senega**-Senega is mainly indicated to persons who tend to become obese and children had chubby appearance. It also adopted to person who have lax fibres.

**Pulsatilla Nigricans**-Situ-ated to loathes fat. Regurgitation of food or flavours. Flatulency, mucous diarrhoea. Tightness of stomach, especially if from fat food. Much flatulency. Flatus moves around in the intestine.

**Conclusion**-Obesity, besides affecting the quality of life, is associated with a greater number of chronic diseases. It is more important to institute major educational efforts that aimed to promote, better habits of physical exercise and eating, which in turn decreases the morbidity and mortality in different disease associated with both children and adults in both men and women. The Homoeopathic treatment along with proper and consistent general management plan, aims to give a holistic approach in reducing the body weight and also plays a prominent role in psychological wellbeing of the individual and thereby prevents many associated diseases.

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## Obesity: Classification

BMI	Category
< 18.5	Underweight
18.5 to 24.9	Normal range
≥ 25	Overweight
25 to 29.9	Pre-obese
≥ 30	Obese
30 to 34.9	Obese Class I
35 to 39.9	Obese Class II
≥ 40	Obese Class III

# Hypertrophic Scar-Homoeopathic Review

**Abstract**-Hypertrophic scarring represents an undesirable variant in the wound healing. The excess connective tissue deposited in hypertrophic scarring is restricted to the area within the original wound. Homoeopathic medicine helps to manage the hypertrophic scar.

**Introduction**-The body replaces damaged and destroyed tissue with wound healing. It is a complex physiological process which involves generation of new tissue & restoration of barrier function of skin. It involves four stages hemostasis, inflammation, proliferation & remodeling. These stages occur sequentially & also overlap. Under normal condition scar formation result in relatively inconspicuous & thin lined normotrophic scar.

If the process does not occur in finite, organized & sequential manner atypical wound healing may occur resulting in fibroproliferative disorder such as hypertrophic scar (HTS) or keloid tissue. This is presented clinically with elevated scars above skin level with abundant deposition of extracellular matrix components specially collagen. HTS & keloid are terms often used interchangeably but they are not the same. In HTS excess scarring is limited to the site of original injury whereas in keloids it can extend beyond original wound.

It has common peak prevalence in second to third decade of life & can occur after 1-2 months of injury. The scar rapidly grows in first 6 months then followed by regression. HTS most commonly occur on neck, shoulders, prosternum, knees & ankles which are site of high tension. Severe scar formation may result in scar contracture which can cause significant disfigurement, moreover can cause disability with loss of mobility & alter patients' ability to carry out routine daily activities.

Severe inflammation releases pro-fibrotic molecules which in turn triggers fibroblast activation & ultimately HTS. Furthermore pro-fibrotic growth factors can be released for a prolonged period of time by protracted re-epithelialization & excessive angiogenesis. In recent studies several biochemical have been identified in HTS but their role has not been fully understood.

The difference between HTS and keloid is that in HTS non invasive growth occurs within or just around the original wound edges, whereas in keloid growth invasive horizontal growth occurs. In HTS it arises within 4-8 weeks after wound closures and grows over next 6-8 months followed by cessation of progress and followed by quiescent stage. HTS undergo scar contracture which causes tissue shortening & reduces joint mobility. Keloids can develop between 3 months to several years after injury, they rarely mature and do not stabilize and undergo involution like normotrophic and hypertrophic scar.

Histologically there is thick bundle of collagen deposition in both HTS and keloid. HTS show deposition of collagen type III fiber arranged parallelly in epidermis. Keloid scar shows random directional orientation of haphazard layers of type-I & type-2 collagen. There also seems to be presence of more blood vessels and neo capillary in growth in keloid as compared to HTS.

**Evaluation**-The diagnosis is made clinically. If it worsens or alter a biopsy may be important. Patients prone to form hypertrophic scar or keloids should avoid elective surgical procedure.

**Treatment**-Mainstay of therapy is corticosteroid injection for HTS. For keloids surgical excision should be used along with corticosteroid injection or radiotherapy. Radiotherapy has shown promising result in treatment & prevention of keloid scars. Other option includes laser therapy and cryotherapy. In HTS caused by burns, laser therapy improves the hypertrophic scar's colour, lessen the scar's height & tension & can also reduce pruritus & pain. Although compression therapy has been used historically to treat burn wounds, a meta-analysis revealed that treatment was ineffective at slowing development of hypertrophic scars. Furthermore, it is advised that individuals with chronic wounds or burn patients follow a healthy diet and take vitamin supplements.

**Homoeopathic Management**-1. **Asafoetida**-Old sores break open and turn black, especially on stump of amputated limb, with neuralgic pains. Suppressed skin symptoms produce

nervous disorders. Itching better after scratching.

2. **Borax**-Old wounds & ulcers reopen & ulcerate. Worse warm weather & after menses. Itching on the dorsum of the finger joints. Unhealthy skin; slight injuries suppurates.

3. **Carbo Animalis**-Stinging in scars, ichorous suppuration after breaking open. Spongy ulcers, copper colored eruptions. Worse after shaving loss of animal fluids.

4. **Cauticum**-Superficial wounds, which have healed, open again, due to anxiety or nervous exhaustion. Soreness in the folds of skin, behind the ears, between thigh. Old burn that do not get well, ill effects of burns. Pain in burns. Skin prone to intertrigo during dentition. worse dry, cold winds in clear fine weather better, in damp, wet weather; warmth; heat of bed.

5. **Crotalus Horridus**-Sepsis causes old scars to reopen, with oozing of dark blood. Swelling & discoloration, skin tense & shows every tint of color, with excruciating pain. Yellow color of the whole body. Great sensitiveness of right half of body. Worse right side; coming on in warm weather; damp and wet.

6. **Fluoric Acid**-Old scars become red around edges, covered or surrounded by itching vesicles, especially near joints or bones. Itching of cicatrices.

7. **Graphites**-Burning in old scars, especially after mammary abscess or ulcers; removing cicatricial hardness whenever present. Early stage of keloid & fibroma. Pimples & acne. Swelling & induration of glands. Gouty nodosities.

8. **Hypericum**-When cicatrices are located in parts rich in sentient nerves, as fingers and toes, with much pain; after amputation, when ends of nerves are involved.

9. **Iodum**-Scars itch, break open or pimples break out on them. Loss of flesh while eating well. Great debility slightest effort induces perspiration. Individual is exceedingly thin, dark complexioned, with enlarged lymphatic glands. Worse in warm room, right side. Better walking in open air.

10. **Kalium Bichromicum**-Cicatricial tissue of ulcers remains depressed or deep stinging

scars on hand, after palmer abscess.

11. **Lachesis**-Scars reddened, become painful, break open and bleed, often surrounded by areola or many small pimples.

12. **Sulphuric Acid**-Scars blood-red, blue and painful. The debility common to acids shows itself here, especially in the digestive tract, giving a very relaxed feeling in stomach with craving for stimulants. Tendency to gangrene following mechanical injuries. Cicatrices turn red, blue and become painful.

13. **Silicea**-Scars suddenly become painful. Promote expulsion of foreign bodies from tissues. Every little injury suppurates. Delicate pale wax skin.

14. **Thiosinaminum**-A resolvent, externally & internally, for dissolving scar tissue, tumors, enlarged glands; lupus; strictures, adhesions. Atherosclerotic vertigo; tinnitus. Catarrhal deafness with cicatricial thickening.

**References**-1. Mony MP, Harmon KA, Hess R, Dorafshar AH, Shafikhani SH. An Updated Review of Hypertrophic Scarring. Cells. 2023 Feb 21;12(5):678. doi: 10.3390/cells12050678. PMID: 36899815; PMCID: PMC10006648.

2. Limandjaja GC, Niesen FB, Schepel RJ, Gibbs S. Hypertrophic scars and keloids: Overview of the evidence and practical guide for differentiating between these abnormal scars. Experimental Dermatology. 2021 Jan;30(1):144-61.

3. Schmieder SJ, Ferrel-Bruker SJ. Hypertrophic Scarring. [Updated 2023 Sep 4]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK470176/>

4. Lilienthal S. New manual of homoeopathic materia medica & repository with relationship of remedies: including Indian drugs, nosodes uncommon, rare remedies, mother tinctures, relationship, sides of the body, drug affinities & list of abbreviation: 3rd edition. New Delhi, India: B Jain; 2022.

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