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CASE REPORT

OBESITY AND HOMOEOPATHY- A CASE STUDY

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Abstract

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Key Word- Obesity,
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Obesity is a condition characterized by an excess of body fat which results from an imbalance between the amount of energy consumed in the diet and the amount of energy expanded through exercise and bodily functions. Those persons who are obese are more prone to chronic diseases.

Case Summary: A 49 years, old female came with a complaint of putting on weight even after low consumption of fatty food. A complete case was recorded and studied thoroughly and after repertorization, on the basis of individualization, Calcarea Carbonica was prescribed. The aim of article is to show the Homoeopathic approach in obese patient.

INTRODUCTION

Obesity is regarded as a pandemic with potentially disastrous consequences for human health. The best way to understand the current obesity epidemic is to consider humans as "Obesogenic

Organisms" who for the first time in their history find themselves in a "Obesogenic Environment" i.e. where people circumstances encourage them to eat more and exercise less this includes availability of cheap and heavily marketed energy rich

food, the increase in labor saving devices and increase in passive transport. The rise in obesity suggest that the effects of our obesogenic environment are overriding the biological regulatory mechanisms in more and more people.¹

Epidemiology

2010: Over one quarter of adults in the U.K. were obese (i.e., BMI \geq 30 Kg/m²) when compared with 1980 it's prevalence was 7% and in 1995 it was 16%. Almost two third adult population of the U.K. are overweight (i.e., BMI ≥ 25 Kg/m²)¹ In developing countries average national rates of obesity are low but these figures may disguise high rates of obesity in urban communities for eg approx one quarter of women in urban India are overweight. In India it is estimated that 5% of population receives 40% of the available food energy leading to obesity in urban population in parallel with persisting under nutrition in some rural communities.1

If secular trends continue, by 2030 an estimated 38% of the world's adult population will be overweight and another 20% will be obese. In the USA, the dire projections based on earlier secular trends point to over 85% of adults being overweight or obese by 2030.²

Aetiology^{1,3,4}

Causative factors depends on increasing energy intakes and decresing energy expenditures.

- ➤ Increasing Energy Intake: Increase drinks with highly refined sugar content and salty snacks. Increase snacking and loss of regular meals. Increase energy dense food mainly fat.
- Decreasing Energy Expenditure:

 Increase car ownership. Decrease sports in schools, walking to school or work. Decrease manual labour.

 Increase time spent on computer games and watching TV & Mobile phones.
- Reversible causes of obesity and weight gain: Hypothyroidism,
 Cushing's Syndrome, Insulinoma,
 Hypothalamic tumours or injury, Drug treatments.

Types Of Obesity^{1,3}

The body fat distribution is divided into 2 parts:

- Central Obesity
 (Abdominal, Visceral, Android or Apple Shaped Obesity) Increased intra abdominal fat. More common in male and closely associated with type 2 diabetes, metabolic syndrome and cardiovascular diseases.
- Generalised obesity (Gynoid or Pear shaped obesity) – Increased Subcutaneous fat accumulation.

Complications^{1,3}

- > Type 2 Diabetes
- > Hypertension
- > Hyperlipidemia
- ➤ Liver Fat accumulation
- > Restricted ventilation
- Mechanical Effects of weight causing urinary incontinence, osteoarthritis, varicose veins
- Increased peripheral steroids interconversions in adipose tissues causing hormone dependent cancers (Breast, Uterus), PCOS
- Others: Skin Infections, Gallstones,
 Socioeconomic disadvantage,
 Psychological Morbidity.

Management¹

- Successful treatments for weight loss include setting goals and making lifestyle changes such as eating fewer calories and being more physically active.⁴
- ➤ Lifestyle Advise
- ➤ Increase Physical Exercise
- ➤ Low fat Diet

CASE STUDY

Mr. XYZ, 49 yrs. old came to us with a complaints of putting on weight even after low consumption of fatty food.

Presenting Complaints

Patient c/o Putting on Weight since the age of 32yr after last delivery. Putting on weight even after taking

- care of diet. Weight: 101Kg; Height: 4'11"
- ➤ Breathlessness while walking: < movement, ascending and descending since 6 months.
- ➤ Left knee joint pain since 1 yr; <long standing and walking; > Rest.
- ➤ Stiffness in knee joints B/L; <long standing.

Past History

H/o Chickenpox in childhood.

Family History

- > Mother: Obese
- > Sister: Obese

Constitution

Fair complexion with height of 125 cm and weighing 101 Kg (BMI= 64.4 kg/m²- overweight)

Patient as a whole

- **Desire:** Milk Products
- > Aversion: Eggs
- > **Appetite:** 2-3 chapaties/meal; 2meal/day.
- ➤ Thirst: 2-3 lit./day, Takes seasonal water.
- > Stool: Satisfactory and normal bowel habit.
- ➤ **Sweat:** On whole body on physical exertion, on face and neck.
- **Thermal Reaction:** Chilly**
- Sleep: 7-8 hrs. at night. Dullness whole day.

- Menstrual History: Menopause at age of 48 year.
- Obstetric History: G₂ P₂ A₀ L₂ ;
 1Male, 1Female.

Mind: Patient was mild and co-operative. Couldn't express anger. Desires open air, close room intolerable.

The following characteristic symptoms were considered for repertorization:

- Mildness
- ➤ Anger suppressed
- > Open air amelioration
- ➤ Room in a aggravation
- Respiration difficult while walking and ascending
- Extremities pain in knee while walking, standing and amelioration lying.

Repertorization was done using RADAR 10.0 and the repertorial result is shown in figure.

Intervention: First prescription: On 30 December 2020, Cal.Carb 30C/1D/stat.

1. 👜 Clipboard 1 1. MIND - MILDNESS (108) 1 2. MIND - AILMENTS FROM - anger - suppressed (37) 1 3. MIND - AIR; in open - amel. (32) 1 4. MIND - ROOM; in a - agg. (16)1(74)15. RESPIRATION - DIFFICULT - walking 6. RESPIRATION - DIFFICULT - ascending (106)17. EXTREMITIES - PAIN - Knee - walking (65)18. EXTREMITIES - PAIN - Knee - standing, while (13) 1 9. EXTREMITIES - PAIN - Knee - lying - amel. (4) 1

Basis of Prescription: Medicine selected on the basis of individualisation, symptom totality and in consultation with Materia Medica Calcarea Carbonica. was Furthermore, Calcarea Carbonica was chosen it the totality of as covers symptoms and the patient's thermal reaction was chilly. Calcarea Carbonica 30C/1D/stat, was prescribed and on subsequent follow-ups, potency was changed based on the assessment of improvement in BMI. Calcarea patient is fat, fair, flabby and perspiring⁵.

FOLLOW UP

Symptoms	Prescription			Justification of potency &
				doses ⁶
Overweight.	Calc.Carl	o.30/1E)/	Selected low potency due
Breathlessness.	stat			to low susceptibility.
eft Knee joint pain.	Rubrum	30/TE	OS/15	
Stiffness in knee joint	days			
L.	Advice:	45	min.	
$MI=64.4 \text{ Kg/m}^2$	morning		and	
Dullness whole day.	evening	walk	with	
3	Overweight. Treathless ness. The eft Knee joint pain. The eft Knee joint pain. The first pain in knee joint pain. The first pain. The fi	Overweight. Treathlessness. The eft Knee joint pain. Treathlessness. The first knee joint days Advice: The first knee joint days Advice: The first knee joint days Advice: The first knee joint days Advice:	Overweight. Calc.Carb.30/11 Greathlessness. eft Knee joint pain. tiffness in knee joint days Advice: 45 MI=64.4 Kg/m² morning	Overweight. Treathlessness. The eft Knee joint pain. Treathless in knee joint days Advice: 45 min. The first of the properties of the

		30 min. exercise in	
		morning.	
		Follow Diet chart	
10/01/0001	N	given.	
	No dullness with	Calc.Carb.30/1D/	Repeated as used low
	refreshing sleep.	stat	potency
	Slight relief in	Rubrum 30/TDS/15	
	breathlessness.	days	
	Pain in knee joint present.		
	Stiffness in knee joint		
	B/L.		
	Weight= 100kg		
27/01/2021	Much more relief in	Phytum 30/1D/ stat	Medicine not given, as it
	breathlessness.	Rubrum 30/TDS/15	left to act
	Slight relief in knee joint	days	
	pain.		
	Slight relief in stiffness of		
	both knee joints.		
	Weight= 99kg		
10/02/2021	No marked	Calc.Carb.200/1D/	High potency given as no
	improvement in previous	stat	improvement noticed.
	complain.	Rubrum 30/TDS/30	
	Weight= 98kg	days	
19/02/2021	Fever 102 degree F.	Ars alb 200/2D/OD	Patient came with acute
	Restlessness, irritable.	Rubrum	complaints so on acute
	<after midnight.<="" td=""><td>30/TDS/5days</td><td>totality medicine was</td></after>	30/TDS/5days	totality medicine was
	Thirst: of cold water at		prescribed.
	short intervals.		Higher potency used
			because of higher
			susceptibility.
11/03/2021	Marked improvement in	Calc.Carb.200/1D/	Potency repeated due stand
	Warked Improvement In	0 000 0 000 0 000 0 000 0 000 0 000 0 000 0	1 stelley repeated due starte

	Improvement in knee	Rubrum 30/TDS/30	
	joint pain	days	
	Stiffness is still present		
	Weight= 95kg		
12/04/2021	No problem in	Phytum 30/1D/ stat	Medicine not given, as it
	breathing.	Rubrum	left to act
	No pain in knee joints	30/TDS/30days	
	Stiffness is sometimes		
	present		
	Weight= 90kg		
13/05/2021	Pain knee joints since 5	Calc.Carb.1M /1D/	High potency given as no
	days.	stat	improvement noticed.
	Stiffness still felt.	Rubrum 30/TDS/30	
	Weight= 87 kg	days	
07/06/2021	Fever since 1 day,	Gelsemium 30/2D/	Patient came with acute
	temp 101.2	OD	complaints so on acute
	Frontal headache, dull	Rubrum	totality medicine was
	aching pain over	30/TDS/5days	prescribed
	eyebrows.		
	Dullness in whole body.		
	Heaviness in eyes.		
	Amefrom closing eyes,		
	lying down.		
	No thirst, clean tongue.		
16/06/2021	Patient feels relaxed.	Calc.Carb.1M /1D/	High potency used because
	Complaints got stand-	stat	of standstill of symptoms
	still.	Rubrum	
	Weight= 82 kg	30/TDS/30days	
10/0=15			
19/07/2021	Started seeing	Phytum 200/1D/ stat	Medicine not given, as it
	significant improvement	Rubrum	left to act
	in weight loss.	30/TDS/30days	

	Relief in knee joint pain		
	Stiffness get slightly		
	ameliorated.		
	Weight= 78 kg		
18/08/2021	Significant improvement	Calc.Carb.10M /1D/	High potency given as no
	in weight loss.	stat	improvement noticed.
	Relief in pain in knees.	Rubrum 30/TDS/30	
	No marked	days	
	improvement in the		
	complaint of stiffness.		
	Weight: 75 kgs		
20/09/2021	Patient felt better in	Phytum 1 M/1D/ stat	Medicine not given, as it
	complaints of pain and	Rubrum	left to act
	stiffness.	200/TDS/30days	
	Weight: 72 kgs		
22/10/2021	Patient's complaints got	Calc.Carb.10M /1D/	Potency repeated due stand
	standstill.	stat	still condition
	Weight: 70 kgs.	Rubrum 30/TDS/30	
		days	
22/11/2021	Patients feels better as a	Phytum 10 M/1D/	Medicine not given, as it
	whole.	stat	left to act
	Complaints got	Rubrum	
	improved remarkably.	200/TDS/30days	
	Weight: 68 kgs		
23/12/2021	No new complaints	Phytum 10 M/1D/	No complaints noticed and
	noticed.	stat	patient is towards cure
	No re-occurrence of any	Rubrum	
	old complaint.	200/TDS/30days	
	Patient felt better.		
	Weight: 66 kgs.		
17/01/2022	No re-occurrence of any	Phytum 10 M/1D/	Patient is cure but on under
	old complaint.	stat	observation.

Patient felt better.	Rubrum	
Weight: 64 kgs.	200/TDS/30days	

CONCLUSION

With the individualization of the case, Calcarea Carbonica was considered as the indicated remedy and it proved effectiveness in the treatment of obesity of the patient. According to patient narration she is about 70-80% better and still under the treatment.

REFERENCES

- Walker, B., Colledge, O., Ralston, S. and Penman, I. (2014). Davidson's Pinciples& Practice of Medicine. 22nd ed. china: Elsevier Limited, pp.1290-1291
- Hruby, A., & Hu, F. B. (2015). The Epidemiology of Obesity: A Big Picture. *PharmacoEconomics*, 33(7), 673–689.
 https://doi.org/10.1007/s40273-014-0243-x

- 3. https://hpathy.com/cause-symptoms-treatment/homeopathic-medicine-weight-loss-obesity-treatment/
- 4. https://www.homeobook.com/obesity-its-homoeopathic-management/
- 5. Boericke's New Manual of Homoeopathic Materia Medica with Repertory: 3rd Revised and Augmented Edition Based on 9th Edition: Including Indian drugs...Affinities and List of Abbreviation: 3rd edition.
- 6. Dudgeon RE. Organon of Medicine. 5th edition: B jains Publishers; 2011
- 7. Schroyens f. synthesis repertoriumhomoeopathicumsyntheticu m (9.1st ed). new delhi: b. jain publisher private ltd 2008.

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