

- A Review of Nephrolithiasis
- Solidago Virgaurea
- Homeopathic Approach in Nephrolithiasis
- Obesity

# HomeoBuzz

CONTINUING MEDICAL INFORMATION

Vol. 15, No. 08, November 2019, Total No. of Pages 16

Dear Readers,

The famous Delhi winters are knocking at our doors... the most celebrated season that once used to be. Delhi Winters are not the same anymore! The pink weather now gets kicked off with a suffocating, dark and smutty pre winter Smog. And to our dismay, each year the problem keeps visiting us with perfect strength and timing, unopposed and unabated. A sheer lack of responsibility amongst the citizens and an utter lack of Political will are clear culprits for this poison that we are serving to every breathing creature around us! This is an Emergency and needs to be the topmost priority for each one of us... We need to change ourselves and shout at the top of our voices to wake up the authorities and governments from their ignorant slumber. Forced indoors by the pollution, but with the weapon of social media in our hands we can use digital platform to project the real pictures around us and stir authorities to get up and take a call. To curb this havoc large scale plantation and reforestation is the necessity besides educating people at mass level, putting up blanket bans on construction, stubble burning and scrap burning activities, and sprinkling water on roads and roadside trees. People can pool vehicles and wet mopping should replace brooming and dusting in households.

Once the most polluted city in the world Beijing came together to wash off this stigma from their face and so can we... they took twenty years to channelize their efforts to curb pollution. We can do it too. Strong political will and our individual efforts will surely bring our charming winters and clean air back!

**Kuldeep Jain**  
Chief Editor

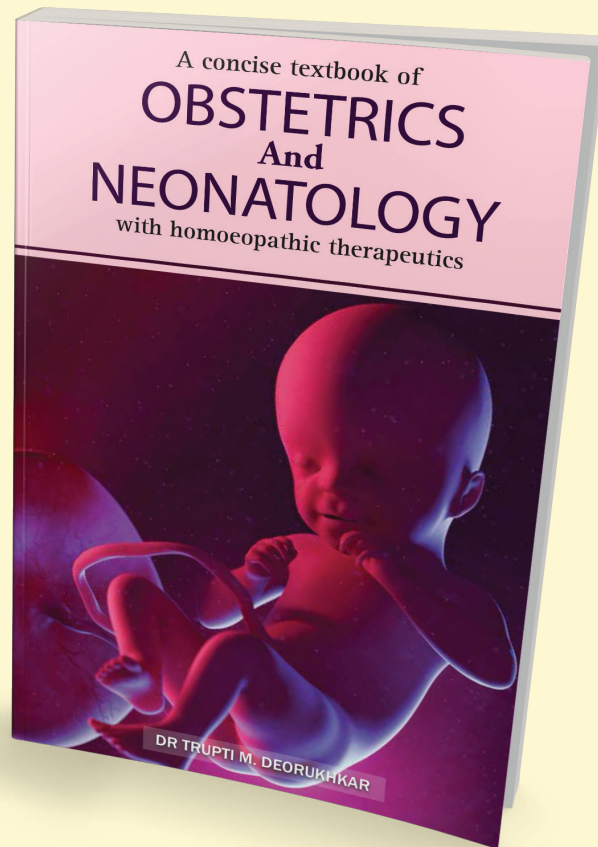
Dear Doctors,

We carry the responsibility of Community Health on our shoulders along with our personal responsibilities and goals. Medical profession gives name, fame and financial security but in return we need to put in lot of hard work and adopt a scholarly life in order to serve our community. Knowledge is the ultimate weapon in the hands of a physician which can never be compromised with. Like a soldier guarding the boundaries of his nation vigilantly, the doctors should also remain circumspective of their surroundings as uneventful health issues can pop their heads up anytime. We need to remain updated regarding prevalent environmental conditions and their impact upon health and we have to brace ourselves up with solutions for same. Patients are curious, anxious and expect doctors to answer all their queries. They judge us upon our problem solving skills along with our treatment and clinical efficiencies. Thus it becomes a necessity for us to read and gather information from as many sources as possible and extract relevant data for trouble shooting during consultations. Reading books and surfing digital information on the latest environmental conditions and global health status should be a fixed routine to remain clinically updated. Reading builds up and maintains sensory neural functions of our brain and increases its comprehensive power. It is one of the most feasible exercises for maintaining optimum mental and psychological health. With this motive we present various topics with homoeopathic perspective in our journal and this issue brings to you vital information about renal calculi and obesity. Let us keep reading, exploring and sharing.

**Dr. Vasundhara**  
Editor

# A Concise Textbook of Obstetrics and Neonatology with Homoeopathic Therapeutics

Dr Trupti Mangesh Deorukhkar



- The book 'A concise textbook of obstetrics and neonatology with homoeopathic therapeutics' covers all the topics from the basic principles of reproduction to diagnosis of pregnancy to antenatal care to the mechanism of normal and abnormal labour in a very simplified way, with schematic representations that makes it easy to grasp for the students.
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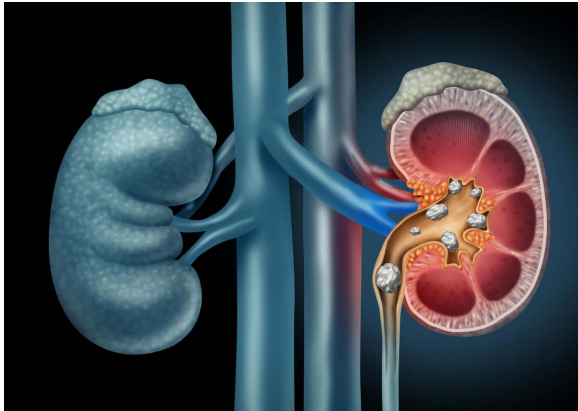
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## A REVIEW OF NEPHROLITHIASIS



Kidney diseases according to World Health Organisation statistics are increasing every year, currently affecting 200 million people worldwide. Nephrolithiasis or kidney stones is a major contributor in these numbers and was earlier considered to be prevalent in developed countries only. But recent studies show that populations worldwide are affected with kidney stones irrespective of their socioeconomic status.<sup>1</sup> The incidence of nephrolithiasis (i.e., the rate at which previously unaffected individuals develop their first stone) varies by age, sex, and race. The

prevalence is ~50% lower among black individuals than among whites.<sup>3</sup>

### RISK FACTORS

Risk factors for kidney stones range widely and may play a significant role in developing kidney stones. A meta-analysis of observational studies showed that there was a significant association of Gout with Nephrolithiasis and hence patients suffering from Gout should be regularly screened for kidney stones and chronic kidney disease.<sup>2</sup> Another study found that oxidative stress is a probable link between nephrolithiasis and lifestyle disorders like obesity, hypertension, diabetes, chronic kidney disease and metabolic syndrome.<sup>4</sup> Statistically a link between the geographical factors like temperature of a place and the people of that place developing stones also seems to exist. In U.K., a lifetime risk of developing a kidney stone by 60-70 years of age in men is approximately 7% whereas the same percentage rises to 20% in men of Saudi Arabia.<sup>5</sup> The stone formation in the urinary tract is a common phenomena which is increasing incidentally with westernization of lifestyle. Westernization of lifestyle habits(e.g., dietary changes, increasing body mass index) affects body's metabolism and metabolic end products which have to be excreted through the kidneys, be it dietary, microbial or medicinal in origin. Healthy young men in developed countries are more prone to developing stones than their female counterparts. Children in developing countries are prone to bladder stones.

### PATHOPHYSIOLOGY

Nephrolithiasis is the precipitation of urinary salts along the urinary tract in the form of sedimentation of crystals and segregated stones. A stone may form in the upper urinary tract and remain there, unnoticed for long until it moves down along the ureter, causing obstruction and resulting in renal colic, a condition though not fatal but excruciatingly painful. Infectious stones, if left untreated can be hazardous and are capable of causing end stage renal disease. Although nephrolithiasis does not directly cause upper urinary tract infections (UTIs), a UTI along with an obstructing stone is a urologic emergency ("pus under pressure") and requires urgent intervention to re-establish drainage.<sup>3</sup>

Urinary calculi are aggregated crystals of calcium or phosphate in combination with small amounts of proteins and glycoproteins. Identification of the type of stone is important from clinical aspect as it gives an idea of prognosis and also helps to select most favorable preventive therapy. The most common type of stones are the calcium oxalate stones which contribute to 60% of the variety. Then are the calcium phosphate stones and struvite(magnesium ammonium phosphate stones) which are found in 15% of all stones. Uric acid stones are found in 10% and cystine and other stones are 1% of all stones. Not often, but stones can be formed of medications, such as acyclovir, indinavir, and triamterene. The stones range from sand like deposits in any part of the urinary tract to significantly large stones getting lodged in the bladder. Shape wise they may be round,

## A REVIEW OF NEPHROLITHIASIS

smooth or jagged and may be yellow or brown in color according to their constituent's physical properties. Staghorn calculi gets its name due to its appearance which it gets owing to the deposit in pelvis and the branching calyces.

Predisposing factors for developing stones are:

### Environmental and Dietary causes:

- Low fluid intake with high ambient temperatures yield high density- low urine outputs.
- Diet rich in oxalates and protein with high sodium and low calcium intake
- High sodium excretion
- High oxalate and urate secretion
- Low citrate secretion

### Acquired causes:

- Hypercalcaemia of any origin
- Gastrointestinal disease like Crohn's disease, ileal resection or inflammation leads to increased oxalate absorption and its urinary excretion)
- Type 1 renal tubular acidosis
- Insulin resistant diabetes mellitus and Obesity
- Hyperuricemia, Cystic kidney disease and Recurrent episodes of Urinary Tract Infection
- Hyperparathyroidism

### Congenital and inherited causes:

- Cystinuria, Hereditary hypercalciuria and Primary hyperoxaluria
- Medullary sponge kidney
- Renal tubular acidosis type 1(distal)

### Medicinal side effect:

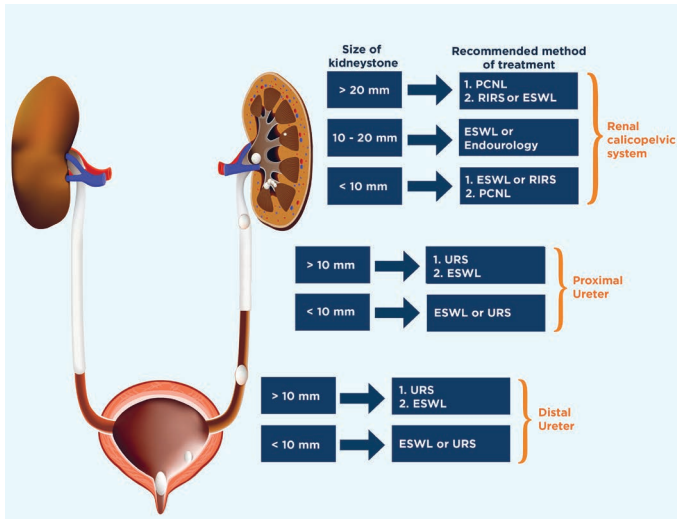
- Prolonged usage of certain medicines can lead to the formation of kidney stones like diuretic drugs, calcium based antacids, indinavir used in HIV treatment, toprimate an anti seizure medicine.

### CLINICAL PRESENTATION

Many patients with urinary calculi remain asymptomatic, whereas some may have to go through excruciating renal colic. The typical pain of renal colic starts in loins and radiates antero-inferiorly to lower abdomen, testes or labia in the sensory distribution of the first lumbar nerve. This is the most frequent clinical presentation of a urinary calculi, and can be frequently accompanied by dysuria, haematuria and UTI. But practitioners need to be cautious as a similar clinical presentation may be due to a sloughed renal papilla, tumour or blood clot. The pain gradually increases to a summit turning the patient restless with agonizing pain, and changing his position constantly to get some relief. He feels nausea, turns pale with profuse sweating. The agony may subside within 2 hours or in worse case may continue relentlessly for hours.<sup>5</sup>

**INVESTIGATION:** A proper investigation is must for patients presenting with renal colic in order to judge stone's presence, its location and the extent of obstruction it is causing. 90% stones contain calcium and can be easily visualized in an X-Ray, but non contrast CTKUB is the gold standard investigative procedure for diagnosing a stone within the kidney or ureter, as 99% are visible using this method. Ultrasound can show stones within the kidney and dilatation of the renal pelvis and ureter if the stone is obstructing urine flow; it is useful in unstable patients or young women, in whom exposure to ionising radiation is undesirable.<sup>5</sup>

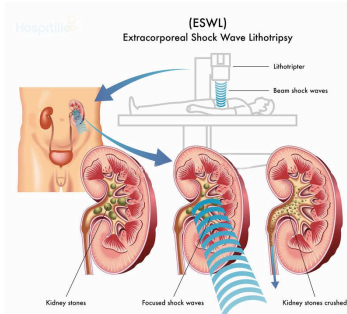
## A REVIEW OF NEPHROLITHIASIS



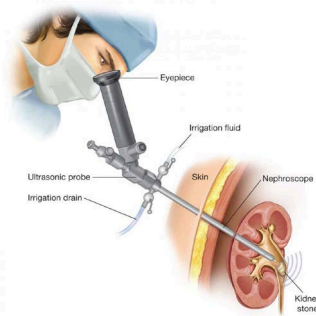
### MANAGEMENT

The conventional emergency treatment of renal colic involves analgesia and antiemetics to control agonizing pain and nausea during the attack. Diclofenac orally or as a suppository (100 mg) is often very effective, followed by morphine (10–20 mg) or pethidine (100 mg) intramuscularly. Stones of less than 4 mm diameter pass spontaneously in 90% cases, only 10% of stones bigger than 6 mm, may require subsequent intervention. The highly unwanted sequel of urolithiasis is urinary tract obstruction, subsequent infection (pyonephrosis) and anuria. Surgical

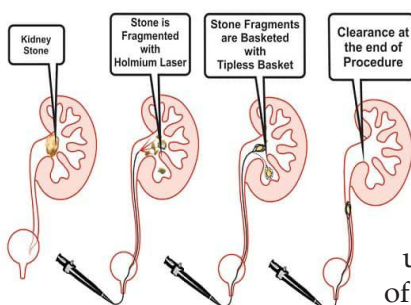
intervention under antibiotic cover is required in such cases. Stones which do not pass out easily need to be surgically removed. Advanced procedures help elimination of stones from the urinary tract, like laser stone fragmentation and ureteroscopy, Percutaneous nephrolithotomy (PCNL) and Extra corporeal shock wave lithotripsy (ESWL). The choice of these procedures depends upon the site and size of calculus in the urinary tract.<sup>5</sup>



**ESWL-** In Extra Corporeal Shock Wave Therapy, focused shock waves are targeted on large renal stones breaking them down into smaller fragments, thus facilitating their elimination. This procedure is indicated when the stone is in solitary kidney of a patient or when the pain is severe and stone persists in the renal tract. The advantage of ESWL is short duration of the treatment and lesser duration of hospital stay, although PCNL is more efficient in treating and preventing recurrence of renal stones.<sup>6</sup>



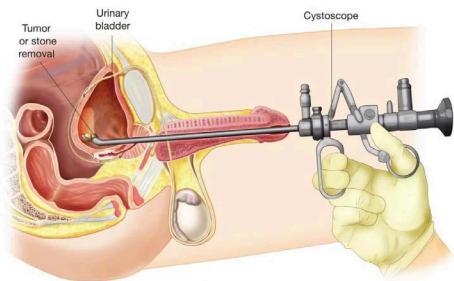
**PCNL:** Per Cutaneous Nephrolithotomy(Nephrolithotripsy) is done when a large stone is lodged in renocalicopelvic system (upper urinary tract). A small tube is inserted through an incision in renal area to reach the stone and it is broken down by high frequency sound waves and evacuated through a tube. A smaller stone can be pulled out without lithotripsy(breaking stone). The indications for PCNL are same as ESWL, though studies report PCNL to be more successful than ESWL in treating and preventing recurrence of renal stones.<sup>6</sup>



**RIRS:** Patients with co-morbidities and ESWL –resistant lower pole stones should preferably opt for RIRS. It is also a better alternative for low volume stones.<sup>6</sup> Retrograde Intra Renal Surgery is a special non invasive surgery done without making a cut. It is done under local, spinal or general anaesthesia with the help of a fibre optic endoscope which is inserted in urinary tract through urethra. The scope is inserted till the point of obstruction. Kidney stones are identified and targeted for laser

## A REVIEW OF NEPHROLITHIASIS

lithotripsy. The fragmented stones are removed through a tipless basket and the obstruction is cleared off.



**CYSTOSCOPY** or cystourethroscopy is a therapeutic as well as investigative procedure for recurrent episodes of urinary tract infection, prostatic hypertrophy, growth or tumors in urethra or bladder and urinary obstruction due to renal stone. It is done if the stone is lodged in lower urinary tract and is smaller in size. It is a non invasive outpatient procedure and does not require hospital stay on usual course. It is a useful aid for the doctor to check the whole

length of lower urinary tract for growths, inflammation, strictures and stones.

### PREVENTIVE MANAGEMENT

Dietary recommendations should be followed to avoid the recurrence of stones specially the calcium stones.

- Optimum fluid intake should be maintained and well distributed throughout the day, which should be around 3-4 L/day<sup>5</sup>
- Sodium intake should be restricted. Protein should be moderate and not high.<sup>5</sup>
- Dietary calcium should be taken in good quantity. Calcium supplements beyond regular meals should be avoided.<sup>5</sup>
- Oxalate rich food like spinach, rhubarbs should be avoided.<sup>5</sup>
- Vit.D and Vit.C supplements should be avoided.<sup>5</sup>

### Homoeopathic Approach

Homoeopathy has a promising scope in the treatment of kidney stones, so much so that *Berberis vulgaris* is prominently sold off over the counter for this ailment. Homoeopathic OPDs are frequented by patients seeking treatment for recurring renal stones, though it also has the potential to relieve the acute phase of this disease, i.e. the Renal colic. Constitutional Homeopathic treatment is a must to end recurring tendency for stones, but there are some very good specific medicines known for their prompt action in relieving the agony like *Pareira brava*, *cantharis*, *solidago*, *colocynth*, *dioscorea* etc. Homoeopathic therapeutics for renal calculi are given ahead in this journal.

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# HOMOEOPATHIC STONE RELIEVER

Omeo™

# K-Stone

Medicated Syrup



## Indications :

- Renal colic
- Burning urine
- Pain while urination
- Increased frequency of urination
- Haematuria (blood in urine)

## Composition :

Berberis vulgaris	Ø	0.125ml
Sarsaparilla	Ø	0.125ml
Ocimum canum	Ø	0.125ml
Hydrangea arborescens	Ø	0.025ml
Cantharis	Ø	0.025ml
Dulcamara	Ø	0.025ml
Equisetum hyemale	Ø	0.025ml
Caramel & flavour		q.s.
Aqua to make		5.0ml
Alcohol content		12% v/v

**Dosage :** Adults & >12 years old, 2 teaspoons (10ml),  
3 times a day, Children < 12 years old, 1 teaspoon(5ml),  
3 times a day or as prescribed by the physician.



**Pack size available:**  
60ml | 100ml | 200ml | 500ml

Quality | Safety | Consistency



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# Erase the effects of

## Omeo™ COUGH Medicated Syrup

*For Upper & Lower  
Respiratory tract Infections*

### Indications:

- Dry & spasmodic cough
- Sore throat & Hoarseness
- Frequent cough with expectoration
- Chronic or recurring cough
- Difficult expectoration of tenacious mucous
- Pain & tightness of chest on coughing

### Composition

Rumex crispus	3X	1.0%
Justicia adhatoda	Ø	2.0%
Ipecacuanha	1X	1.0%
Spongia tosta	1X	1.0%
Sticta pulmonaria	3X	1.0%
Antimonium tartaricum	6X	0.5%
Coccus cacti	3X	0.5%
Drosera rotundifolia	Ø	2.0%
Senega	Ø	3.0%
Balsam tolu	Ø	3.0%
Excipients	q.s.	
Alcohol content		11% v/v



**Pack sizes available:**  
60ml | 100ml | 200ml | 500ml

### Dosage:

Adults & >12years old - 2 teaspoons,  
3 times a day, Children <12years old - 1 teaspoon,  
3 times a day or as prescribed by the physician.



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# Pollution on Respiration

## Omeo<sup>TM</sup> ASTHMA

Medicated Syrup

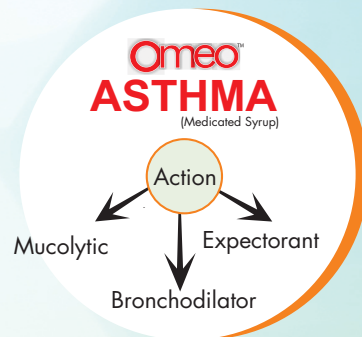
### Indications:

- Difficulty in breathing from least exercise
- Wheezing
- Rattling of mucous
- Tightness and oppression of the chest
- Cough with great accumulation of mucous

### Composition :

Blatta orientalis	Ø	4.8% v/v
Justicia adhatoda	Ø	2.8% v/v
Senega	Ø	1.6% v/v
Lobelia inflata	Ø	1.6% v/v
Ipecacuanha	Ø	1.6% v/v
Grindelia robusta	Ø	1.6% v/v
Magnesia phosphorica	2X	3.0% w/v
Excipients		q.s.
Alcohol content		10.5% v/v

**Dosage:** Adults & >12years old - 2 teaspoons (10ml), 3 times a day, Children <12years old - 1 teaspoon(5ml), 3 times a day or as prescribed by the physician.



Pack sizes available:  
60ml | 100ml | 200ml | 500ml

**Quality | Safety | Consistency**

Information for registered medical practitioner only



# SOLIDAGO VIRGAUREA



**Natural order** : Compositae.

**Commonname** : Goldenrod.

**Preparation** : The fresh blossoms are macerated in twice their weight of alcohol.

**Distribution** : Alpine districts of north New England, northern United States and Europe, India.

**Clinical** : Albuminuria. Calculus. Croup. Deafness. Dysuria. Gout. Leucorrhoea. Ophthalmia, scrofulous. Phosphaturia. Prostate, weak, enlarged. Rheumatism. Sciatica. Urine, scanty, suppressed.<sup>1</sup>Cystitis.<sup>5</sup>

## Indications :

- ✦ Repeated colds of tuberculosis (2x).<sup>2</sup>
- ✦ Hay-fever. Nares irritated with abundant mucus secretion; paroxysms of sneezing. Asthma, with nightly dysuria.<sup>2</sup>
- ✦ Uterine enlargement, organ pressed down upon the bladder. Fibroid tumors.<sup>2</sup>
- ✦ Bright's disease. An excellent remedy for kidney where its sensitiveness to pressure. Avoids catheterisation in 1x potency.<sup>3</sup>
- ✦ Petechiae on lower limbs (Agava); with oedema.<sup>4</sup>
- ✦ Urine; dark and scanty or clear, stinking, voided with difficulty; phosphatic.<sup>5</sup>
- ✦ Pain in kidneys extend forward to abdomen, bladder, down the thighs.<sup>5</sup>
  - Enlarged prostate gland; obstructing flow of urine or inflammation of.<sup>5</sup>

## Research Data :

A study on Antioxidant & Antimicrobial activities of Solidago virgaurea extracts, by H. Demir et.al. reports that, Metanol extract of S. virgaurea contains antioxidant properties and showed antimicrobial activities against Staphylococcus aureus, Enterobacter fecalis, Escherichia coli and Bacillus cereus. The report suggests that the herb can be used as a vegetable as well as, the compounds in S. virgaurea that are responsible for antioxidant activity could be isolated and then used as food additives to holdup the oxidative deterioration of food items.<sup>6</sup>

**Prescribed dose** : Tincture, to third potency.  
- Oil of Solidago, 1oz. to 8 oz. Alcohol.

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## Therapeutics Of Renal Calculi And Renal Colic

### 1. Benzoic acid

- It produces and cures symptoms of a uric acid diathesis, with urine highly colored and very offensive, and gouty symptoms.<sup>1</sup>
- Urine- Repulsive odor; changeable color; brown, acid. Enuresis; dribbling, offensive urine of old men.<sup>1</sup>
- Dose - Third to sixth potency.<sup>1</sup>

### 2. Berberis vulgaris

- Gallbladder or kidney colic arresting breathing.<sup>2</sup>
- Bubbling sensation in region of kidneys.<sup>2</sup>
- Radiating pains from kidneys into bladder. Kidney colic from kidney stones.<sup>2</sup>
- Pain in the thighs and loins on urinating.<sup>2</sup>
- Dysuria, frequent urination. Sensation as if some urine remained after urinating. Urine with thick mucus and bright-red, turbid, yellow, mealy, sandy or slimy sediment.<sup>2</sup>
- Dose - Tincture, to sixth potency.<sup>1</sup>

### 3. Calcarea carb

- Renal colic.<sup>1</sup>
- Urine - Dark, brown, sour, fetid, abundant, with white sediment, bloody.<sup>1</sup>
- Haematuria.-Burning in urethra during, and independent of urination.<sup>3</sup>
- Dose - Sixth trit. - Thirtieth and higher potencies.<sup>1</sup>

### 4. Cantharis

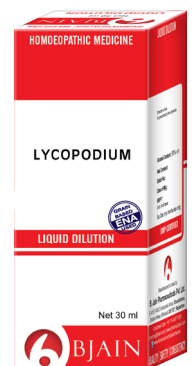
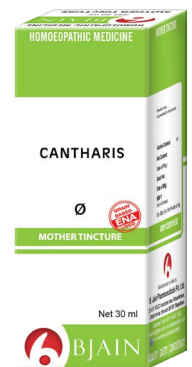
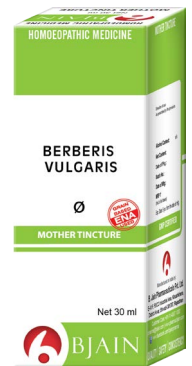
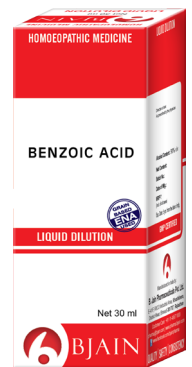
- Intolerable urging and tenesmus. - Nephritis with bloody urine.<sup>1</sup>
- Urine scalds him, and is passed drop by drop. Constant desire to urinate.<sup>1</sup>
- Pain in loins, with incessant desire to urinate.<sup>1</sup>
- Violent paroxysms of cutting and burning in whole renal region, with painful urging to urinate; bloody urine, by drops.<sup>1</sup>
- Dose - Sixth to thirtieth potency.<sup>1</sup>

### 5. Lithium carb

- Uric acid diathesis Whole body is sore.
- Urine - Tenesmus. - Turbid urine, with mucus and red deposit. - Pain in region of right kidney.
- Cystitis, subacute and chronic.<sup>1</sup>
- On rising to urinate, pressing in cardiac region, not ceasing until after urinating; morning.<sup>4</sup>
- Dose - First to third trituration.<sup>1</sup>

### 6. Lycopodium

- Frequent urging to urinate, with profuse urine. - Renal calculi.<sup>3</sup>
- Red sand in urine, on child's diaper; child cries before urinating (Bor.); pain in back, relieved by urinating; renal colic, right side (left side, Berb.).<sup>5</sup>
- Dose - Both the lower and the highest potencies are credited with excellent result.



## HOMOEOPATHIC APPROACH

- For purposes of aiding elimination the second and third attenuation of the Tincture, a few drops, 3 times a day, have proved efficacious, otherwise the 6th to 200th potency, and higher, in not too frequent doses.<sup>1</sup>

### 7. Pareira

- Must get on hands and knees to urinate; pains go into glans and thighs.<sup>6</sup>
- Bursting feeling in bladder or glans.<sup>6</sup>
- Dysuria.<sup>6</sup>
- Urine contains thick, stringy, white mucus or red sand. Renal colic.<sup>6</sup>
- Dose - Tincture, to third potency.<sup>1</sup>

### 8. Sarsaparilla

- Severe, almost unbearable pain at conclusion of urination.<sup>5</sup>
- Passage of gravel or small calculi; renal colic; stone in bladder; bloody urine.<sup>5</sup>
- Urine : bright and clear but irritating; scanty, slimy, flaky, sandy, copious, passed without sensation; deposits white sand.<sup>5</sup>
- Painful distention and tenderness in bladder; urine dribbles while sitting, standing, passes freely; air passes from urethra.<sup>5</sup>
- Dose - First to sixth potency.<sup>1</sup>

### 9. Dioscorea

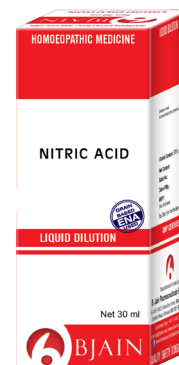
- As a remedy for many kinds of pain, especially colic, and in severe, painful affections of abdominal and pelvic viscera.<sup>1</sup>
- Renal colic, with pain in extremities.<sup>1</sup>
- Writhing, with dry and crampy pains, with passing of renal calculus (right).<sup>7</sup>
- Spasmodic stricture of urethra, with pain about navel >> by pressure; pressure on rectum, paroxysmal colic.<sup>7</sup>
- Dose -Tincture, to third potency.<sup>1</sup>

### 10. Nitric acid

- Cramps from kidney to bladder.<sup>2</sup>
- Burning and stinging.<sup>2</sup>
- Dyspepsia with excess of oxalic acid, uric acid and phosphates in urine and great mental depression.<sup>2</sup>
- Scanty, dark offensive. Urine, smells strong as horse's or offensive. Feels cold when it passes.<sup>2</sup>
- Hematuria with shuddering along the spine.<sup>2</sup>
- Dose - Sixth potency.<sup>1</sup>

### References:

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7. CLARKE J. H., Dictionary of Practical Materia Medica



Compiled by:  
**Dr. Vasundhara**  
 Editor

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Away !



**Omeo**<sup>TM</sup>

**SLIM** Drops

**INDICATIONS:**

For the tendency to gain weight due to faulty activity of the glandular secretion.

**COMPOSITION:**

Calcium carbonicum Hahnemann	12X	10% v/v
Croton tiglium	4X	10% v/v
Fucus vesiculosus	2X	10% v/v
Graphites	12X	10% v/v
Natrum sulphuricum	2X	10% v/v
Spongia tosta	3X	10% v/v
Excipients:		q.s.
Alcohol content		46% v/v

**Dosage:**

10-15 drops should be diluted with water and taken 2-3 times a day before meals or as prescribed by the physician.



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## OBESITY

Obesity is regarded as a pandemic, with potentially disastrous consequences for human health. Over 25% of adults in the UK were obese (i.e. BMI  $\geq 30$  kg/m<sup>2</sup>) in 2015, compared with 7%

in 1980 and 16% in 1995. Moreover, almost 66% of the UK adult population is overweight (BMI  $\geq 25$  kg/m<sup>2</sup>). In developing countries, average national rates of obesity are low, but these figures may disguise high rates of obesity in urban communities; for example, nearly 25% of women in urban India are overweight.<sup>1</sup> The current data will only increase in future as increasing number of children and adolescents are falling prey to obesity.

Being obese may be different from being overweight, as weight of a person is inclusive of his bone and muscle mass too. For ease of comprehension and comparison, Body Mass Index is used, which is a screening tool for obesity and is determined by the ratio of a person's body weight in kilograms to the square of his height in square meters. BMI provides an estimate of body fat and is associated with disease risk.

- ⦿ BMI < 18.5 suggests that the person is underweight.
- ⦿ BMI within the range of 18.5 -25 is considered normal.
- ⦿ BMI from 25-30 is considered overweight.
- ⦿ BMI more than 30-34.5 is suggestive of obesity of grade I
- ⦿ BMI from 35-39.9 indicates obesity of grade II
- ⦿ BMI more than 40 indicates extreme obesity of grade III

Excess abdominal fat can be assessed by measuring waist circumference and deriving waist to hip ratio. It independently predicts the risk for diabetes mellitus and cardiovascular diseases. The association of obesity with such life threatening disorders makes it necessary for a physician to identify and assess the problem, provide treatment and advice to the patients who are overweight or on the borderline of obesity. These are the cases which can be comparatively easy to be treated than the advance cases, which have already developed secondary co-morbidities.

Obesity associated morbidities should be evaluated from clinical history and subsequent laboratory tests such as a fasting lipid panel and blood glucose and determination of blood pressure. A deviation in the values of any of these should be probed with further examination for prompt identification of the complications.

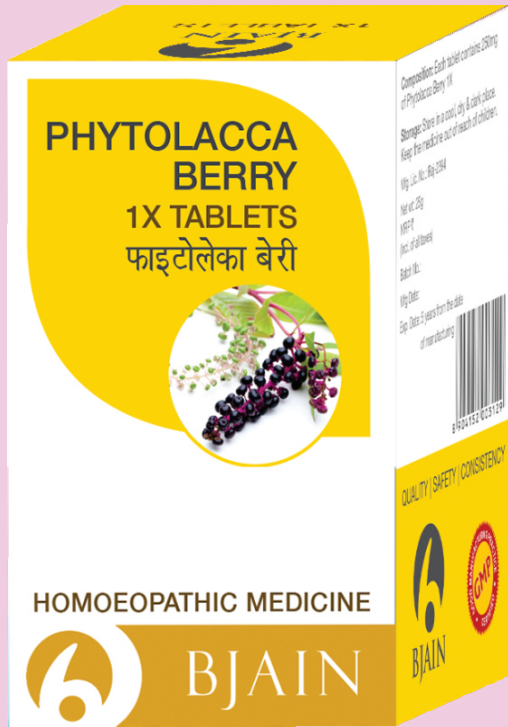
Unless there is any endocrinal pathology responsible for obesity it is almost always due to lack of physical exercise along with high calorie intake. And can be thus always reverted under the supervision and guidance of a healthcare provider. The physician should never miss to take weight, height and blood pressure of every patient who comes for general or weight loss consultation. The patient should be explained thoroughly about the risk factors and he should be given dietary as well as therapeutic advice which can be followed regularly and with relative ease. The comfort of the patient should be gradually interfered in order to keep him motivated.

A homoeopathic physician is skilled in giving individualized or constitutional treatment which is the best treatment if clubbed with dietary correction and regular physical exercise. Homoeopathic combinations such as Omeo Slim are also available in market which are safe as well as effective in reducing unwanted body fat. All that is required is motivation and determination along with correct therapy and the result will be a fitter and healthier version of oneself.

### References:

1. STUART H RALSTON et al., Davidson's Principles and Practice of Medicine; 23rd Edition

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