



# स्वास्थ्य सर्वोपरि Swasthya Sarvopari

**Obesity**

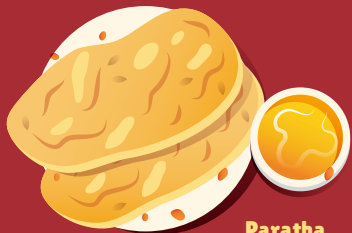
**&**

**Lifestyle Modification**



Junk Food

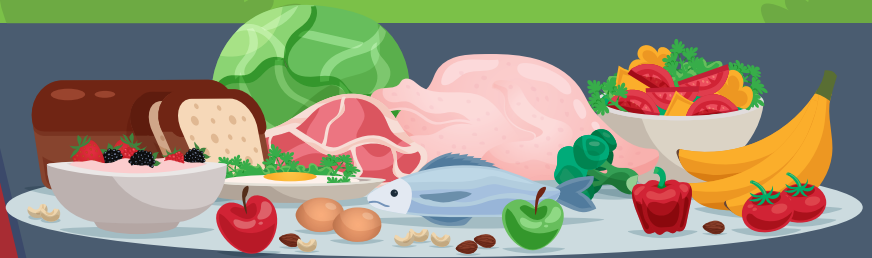
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## EDITORIAL

### Obesity and Life-Style Modification



**Dr Atul Goel**  
*Professor of Excellence, LHMC & Associated Hospitals*

Technology, AI, and modern comforts have contributed to a rise in obesity and lifestyle-related diseases. Lifestyle is one of the most misused words in Modern Medicine. Practitioners from all fields of medicine (modern and traditional) and lifestyle gurus, frequently use this term without really understanding it.

Having explored it a bit, I briefly share what I understand. To understand life-style modification, visiting ancient Indian culture is relevant. Those were periods characterized by a healthy lifestyle. If we don't revisit those times, future generations might not even have an insight into a healthy lifestyle.

#### **Concept of Brahm Mahurat (Biological Clock or Circadian Rhythm)**

Life in India (an agrarian economy in the East) used to start early, 1-1.5 hours before sunrise (also known to vedic culture as **ब्रह्म महरत**). This also marks the start of the human body's biological clock, or Circadian Rhythm. Human activity such as that of brain and body systems including hormones is intimately related to sunrise and sunset. Maintaining and preserving this biological clock is crucial for optimum health of all body systems especially cognitive, digestive, metabolic, and reproductive.

#### **Number and Timing of Meals (Concept of Intermittent Fasting)**

Farmers in Indian villages would go to fields before sunrise, without eating or drinking anything except water. Their wives used to carry food to the field about 4-6 hours later, which used to be their first meal for the day. Thereafter, the only other meal (the last one) was just before sunset. Thus, there were only two meals a day with an automatic gap

of about 14-16 hours between the evening and the next morning meal. This provided adequate time and rest to the digestive system. The concept of breakfast and 'small frequent meals' does not seem to be logical. The numerous bad eating habits of today include:

- Anytime eating. In absence of a disciplined routine, folks tend to eat anytime when food is available
- Snacking has become an order of these times
- Late Night eating is increasing by the day

### ***Good Principles of Eating***

Ancient India recognized significance of food as a nutrient. Folks used to spend time on food, eating it slowly while chewing every morsel, enjoying the taste and extracting every bit of nutrition. This served two purposes:

- a) Food chewed slowly and admixed with saliva lowered the glycemic index. This controlled the secretion of insulin from pancreas and other digestive juices from liver and the intestines, preventing hyperinsulinemia (which is behind most metabolic problems such as diabetes, hyperlipidemia, and fatty liver disease) and also helping digestion.
- b) Eating slowly brings a lasting satiety (a feeling of filled stomach), that comes 20-25 minutes into eating. Satiety does not come from filling the stomach (which is an elastic bag that keeps on increasing in size) with food. One can eat twenty chapatis in 25 minutes or just two.

### ***What to Eat***

During earlier times, diet used to be simple. Today, it is far more complex. Historically, diets were close to nature. Modern diets are increasingly divergent from natural sources and have become more complex for the human digestive system to respond to with respect to gastric emptying, movement through intestines and digestion.

Consider an Indian marriage Feast or a Buffet dinner served in a hotel. Beginning with drinks (alcoholic/non-alcoholic), followed by a plethora of complex snacks, a wide variety of dinner menu to choose from, and ending with a long list of sweets to choose from. Too many choices result in overeating. In addition, the food served has a high quantity of unhealthy fat, sugar, and salt. This complex meal, consumed over 30-60 minutes, leaves human digestive system thoroughly confused. Remember, our digestive system



likes simple meals, say rice and dal separately or cooked together as Khichdi or Chapatti (homemade bread) with vegetable and/or pulse (dal).

Easy availability of packaged and non-packaged ready to eat snacks has added to metabolic health problems. Food processing giants use attractive packaging and aggressive marketing with misguiding nutritional information. The best example is canned/package juice with a label of no added sugar. Further, food available in food outlets such as bakeries, cafes and restaurants are not mandated to display any nutritional information.

Taste, which takes precedence over nutrition, is one of the most negative aspects of lifestyle today.

### ***Activity and its relation to Lifestyles***

The importance of activity in lifestyle cannot be over-emphasized, but it is important to remember that such activity needs to be incorporated in everyday life rather than requirement of special times (morning or evening walks and gymnasium times) during which physical activity may be performed.

Each human body is different, and physical needs may vary. One must also understand that strenuous physical exercises performed during childhood, youth and young adulthood may not be possible as age increases.

Availability of modern facilities and gadgets has made lifestyles easy but sedentary. There were times when all household chores were shared by family members. Today, we have helpers as well as gadgets to do them for us.

There were times when one used to walk to a nearby market, but today one doesn't do that. There were times when public transport was used by choice, today it is used out of compulsion.

A Colombian Mayor had once remarked - "A country doesn't become 'developed' when its people own a car, it is considered 'developed', when the affluent use public transport". This can be completely extrapolated to 'Good Health'.

Good Health does not require a plethora of diagnostics and/or therapeutics, it requires a realization about adoption of healthy lifestyle for prevention of disease through good practices. WHO talks about GMP (Good Manufacturing Practice) for drugs and Vaccines, why can't we promote GMP (Good Management Practice) for our own lifestyle also.

***The GMP mantra for our own lives includes the following steps:***

- Maintain the circadian rhythm linked to sunrise and sunset with respect to sleep, waking up and meal timing
- Remain as close to nature as possible with respect to living conditions and eating naturally available local and simple food
- Good principles of eating; eating slowly (over 25-30 minutes), giving time to meals
- Naturally Active Life
- Stress free life
- Re-discovery of family and community living

This editorial piece will be incomplete without mention of three more things:

**1. *The Blue Zones***

These are areas around the world, where almost every person survives for over 100 years of healthy life. People here take life easy, are naturally very active, eat locally available natural food and live together as a community, supporting each other. These zones are Okinawa (Japan), Sardinia (Italy), Ikaria (Greece), Nicoya Peninsula (Costa Rica), and Loma Linda (California, USA).

**2. *Stress and Lifestyle***

Whether at workplace or at home, people live in an extremely stressful environment, which they create for themselves due to a variety of reasons including, unreasonable expectations from life (by self, parents as well as peers), peer pressure, wrong role models, expectation of taking an elevator to success and material success devoid of spiritual growth or achievement. Unless this stress is reduced/removed, modification of lifestyle is neither feasible nor possible.

**3. *Technology and AI as a solution to health problems***

Thus far, both technology and AI have created more health problems than solving them. Both are the reason why lifestyles around the world are deteriorating and as things stand, we may end up with a technology driven, and AI based health care system devoid of empathy and emotions.

**Conclusion**

To summarize, it is not easy to discuss deteriorating lifestyle as a problem unless people start appreciating the role of healthy lifestyle in management of disease and are then educated and motivated enough to prefer them over diagnostics and therapeutics.

## Obesity: A Multidimensional Perspective

*Dr. Swarup Kumar Panda, Assistant Professor and Deputy Director, Central Laboratory, IMS & SUM Hospital III, Siksha 'O' Anusandhan (Deemed to be University)*

### **Childhood Obesity**

Childhood obesity has long-term effects on physical and mental health. Breastfeeding plays a protective role in preventing obesity by regulating metabolism and fostering healthy appetite control. Studies show that breastfed children are less likely to become obese later in life. Misunderstandings about lactose intolerance often lead to early weaning. On the contrary, formula feeding, especially if not monitored, can lead to excessive calorie intake and early weight gain.

### **Adolescent Obesity**

Adolescents face unique challenges, including hormonal changes, peer pressure which can disrupt healthy eating habits. Increased screen time, reduced physical activity, and the lure of fast food are major contributors. Preventive strategies should include comprehensive nutrition education, physical activity promotion, family support, and counseling to improve body image and self-esteem.

### **Psychological Aspects of Obesity**

Obesity is closely linked to psychological issues such as anxiety, depression, and low self-esteem. Emotional eating and negative self-image can create a cycle that reinforces unhealthy behaviors. Recognizing and addressing the emotional roots of obesity is vital. Supportive counseling and therapies like cognitive-behavioral therapy (CBT) are pivotal here.

### **Obesity in Women**

Women experience specific obesity-related challenges, especially during life stages like menopause and conditions like PCOD and infertility. Obesity disrupts hormonal balance, impacting the reproductive system and increasing the risk of complications during pregnancy.

### **Impact of Technology on Obesity**

It often promotes sedentary behavior. Increased time spent on screens reduces opportunities for physical activity and contributes to poor posture and mindless snacking. In the contrary, Fitness apps, smartwatches, and digital coaching programs can help monitor activity levels, track food intake.



### ***Media and Social Media Influence on Obesity***

Social media can spread misinformation about diet trends, miracle cures, and body image, thereby leading to unhealthy behaviors like extreme dieting or binge eating. Promoting awareness by evidence-based content is the key strategy to counteract these harmful influences.

### ***Assessment of Obesity Across Age Groups***

Community-level initiatives such as healthy urban planning, school wellness programs, and public education campaigns are essential. At the individual level, strategies include goal setting, regular physical activity, mindful eating. Support from healthcare professionals, family, and peers significantly enhances the effectiveness of these strategies.

### ***Strategies for Obesity Prevention and Control***

Dietitians can provide evidence-based dietary advice that considers individual health conditions and lifestyles. Their involvement in clinical care, community outreach ensures safe, and effective nutrition guidance.

### ***Dietary Advice and the Rise of Self-Proclaimed Nutritionists***

Following fad diets lead to poor nutrition, metabolic disturbances. Public awareness campaigns and health education initiatives must emphasize the importance of seeking guidance from certified dietitians and nutritionists who base their recommendations on scientific evidence.

### ***Problems Related to Anaesthesia in Obese Patients***

Obesity complicates anesthesia due to challenges such as difficult airway management and higher risk of postoperative complications. These risks necessitate thorough preoperative assessment. Tailored anesthetic plans, skilled personnel, and proper equipment are crucial for obese patients.

### ***The Role of Dietitians and Nutritionists***

These professionals provide individualized, evidence-based nutritional guidance and collaborate with healthcare teams to support behavior change for obesity prevention and treatment. Their involvement leads to improved outcomes in weight loss, metabolic health, and quality of life.

## **Conclusion**

Obesity is a complex, multifactorial condition that requires holistic and sustained efforts to address. By integrating multi-modal interventions-supported by expert guidance and public awareness-sustainable lifestyle changes can be achieved. Through a collaborative and compassionate approach, we can move toward healthier communities.



# Managing Obesity

*Dr Atul Goel, Professor of Excellence, LHMC & Associated Hospitals*

Obesity results from contemporary lifestyles, which are affected by physical comforts provided by technological advancements. It is a serious threat to the health of entire world especially developing countries, which are markets for large World Economies. Obesity is a challenging disease to address. Therefore, it is necessary to understand obesity, its causes, treatment and prevention.

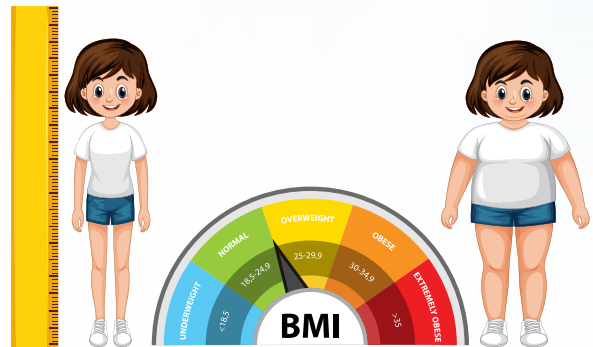
## **Defining obesity is simple**

The best method is 'body mass index or BMI'. BMI is calculated by dividing weight in kilograms by the square of height in meters. A BMI of 25 or more is considered as 'Overweight' and that of 30 or more as 'obese'. Actions to treat/prevent obesity are required in all overweight individuals.



Obesity is not only about weight.

Increased waist circumference (when compared to hip circumference) or Waist Hip Ratio (WHR) also indicates abdominal obesity and equal increase in health risks. A WHR of 0.9 in men and 0.85 in women is indicative of obesity.



## **Health Risks Associated with Obesity**

Obesity is associated with an increased risk of death from any serious co-morbidity, infectious or non-infectious. Enumerated below are the health risks:

- Sudden Deaths
- Life-Style Metabolic Diseases such as Diabetes, Hyperlipidemia, Hyperuricemia, non-alcoholic liver disease (NAFLD) and atherosclerosis
- Consequences of Atherosclerosis such as Heart attacks, Strokes, and chronic renal failure
- Obstructive Sleep Apnea, Restrictive lung disease and chronic respiratory failure
- Issues with bones and joints, particularly arthritis in the spine, hips, knees, and avascular necrosis in hip joints
- Mental Health Issues like depression
- Cancers

## ***Understanding Causes of Obesity***

Obesity results from consuming more calories than are expended. In simplistic terms, four major reasons for obesity are:

- 1 Eating more than required.
- 2 Wrong food choices
- 3 Sedentary Lifestyle
- 4 Stress

Let's elaborate on each point individually.

### ***1. Eating More than required***

Humans are consuming far more than necessary each day. Several factors contribute to this.

- Eating quickly increases hunger and leads to more frequent eating.
- Watching content on electronic devices while eating
- Availability of packaged and processed food and beverages (with a high sugar and fat content)
- Any-time availability of food through mobile applications
- Dining options in restaurants, buffet selections, and late-night social gatherings, which are becoming increasingly popular.
- Alcohol Consumption

### ***2. Wrong Food Choices***

People often prefer taste over health, particularly children and young people, and this preference can continue into adulthood. Wrong choices of food include:

- Packaged snacks like wafers, biscuits etc. (based on refined flour, whole cereals or millets, all of which have salt, sugar, unhealthy fat, colors, preservatives and taste enhancers). Salt itself is a taste enhancer.
- Ready to drink beverages that include fruit-based, non-fruit-based, and milk-based options (with sugar, with no added sugar, or with sugar substitutes)
- Fast food: pizzas, burgers, and cheese/mayonnaise sandwiches.
- Bakery products such as cakes, pastries, croissants etc. (that often use plant-based substitutes instead of cream and butter).

The first issue with food options is their availability in inappropriate locations, particularly school and college canteens, as well as venues such as railway stations, bus terminals, and airports. The second issue is that some of the unhealthiest options are priced at one fourth the price of healthy food (Burger v/s A Bowl of Sprout/Vegetable Salad).

### **3. Sedentary Lifestyle**

The availability of point-to-point commutes, escalators, elevators, household electronics, assistive devices, and remote operations of electrical switches has significantly simplified modern lifestyles. With jobs also being IT based, and with long working hours, life is increasingly becoming sedentary. This has contributed a lot to obesity.

### **4. Stress**

Modern lifestyle and consumerism, along with weakened family and social support systems, have caused significant stress for children and youth. One of the significant outcomes of stress is the development of eating disorders and substance addiction, including alcohol and drugs. Stress-induced eating significantly contributes to obesity.

### ***Other Factors that contribute to Obesity and Metabolic Disorders***

#### ***Frequency and Timing of Meals***

This has been a matter of contention and debate. For this we have to understand the historical dietary habits of India. India was primarily an agrarian economy of the East. Life used to start early in this part of the World. Farmers in Indian villages would go to their fields before sunrise, often without eating or drinking anything except water. Their wives used to take food from home to the field about 4 hours later, which used to be their first meal. Thereafter, the farmer returned before sunset and had his second and last meal just before sunset. The idea of having 2 meals a day with an automatic gap of about 14-16 hours between the evening and the next morning meal is currently being described as a new concept i.e. intermittent fasting. The Western concept of small, frequent meals is harmful to the body and linked to metabolic disorders. Human body likes a steady state of glucose levels through the 24 hours. Small frequent meals often disturb this steady state.

#### ***Good Eating Principles (GEP)***

We often talk about GMP (Good Manufacturing Principles) for drugs and vaccines. Similarly, there are Good Eating Principles too. Spending time on food is extremely important. It helps one enjoy the taste and flavour of everything one eats. At the same time, it serves two other important functions:

- a) Food chewed slowly with adequate mixing with saliva decreases the glycemic index of food, which means, it prevents a sharp rise in blood glucose value after eating. This in turn reduces the rate rise of insulin levels; increased insulin levels or hyperinsulinemia greatly contributes to metabolic disorders like diabetes, hypertension and hyperlipidemia.

- b) A feeling of satiety (or fullness of stomach) is responsible for the feeling of satisfaction after eating. Signals sent to the brain result in this feeling, which occurs 20-25 minutes after eating. However, this satiety is long lasting and prevents the need for snacking/frequent eating.

### ***Principles Of Prevention of Obesity***

#### *Timing and Frequency of Meals*

- Ensure adherence to a structured schedule to maintain the biological clock and circadian rhythm.
- Consume 2 or at most 3 meals a day, timing them in such a way that the last meal is before sunset and the first meal next day is timed 14 – 16 hours later.
- Say a big NO to late night parties and midnight Snacking. In fact, snacking any time is a bad idea.

#### *Good Eating Principles*

- Spend time over food. Chew every bite slowly allowing adequate mixing of saliva. Enjoy the flavour of everything you eat. Never rush through your meal. It helps you feel full longer and lowers the food's glycaemic index.
- Avoid Food items with a high glycaemic index. These include:
  - a) All forms of sucrose (refined, brown, jaggery, unrefined sugar powder/khandsari, shakkar as well as honey). Besides, sugar substitutes have other negative health consequences
  - b) All packaged beverages, they are never without sugar and/or salt. Factually, 'no added sugar' is one of the biggest myth of healthy food.
  - c) Commercially available breakfast cereals
  - d) Sweet Meats, Confectionery, Chocolates and Bakery products
  - e) Fast food and packaged snacks
  - f) Commercially available baby food and milk substitutes
- Eating Out, Packaged, Processed and Ultra-processed food is a bad idea. So called 'Health Foods including Break Fast Cereals are best avoided. Avoid them as far as possible. These foods increase your intake of unhealthy fat, sugar, salt, and chemicals (colours and preservatives) added for shelf life and taste.
- Snacking is unhealthy and should be avoided.
- Never eat while watching electronic content (on Television, Mobiles/Computers and/or Cinema). There are two reasons:



- You tend to eat too much
- Your concentration is not on food. Any food eaten like this is unlikely to be of benefit to the body

### Choice of Food

What to Choose	What to Avoid
<ul style="list-style-type: none"> <li>Vegetables (Raw, Boiled or Sauteed with minimal oil)</li> <li>Fresh Fruits</li> <li>Pulses (Raw sprouted, Boiled/Cooked with minimal oil)</li> <li>Freshly made whole cereal breads at home (chapatis, Pooris, Home baked bread)</li> <li>Homemade snacks such as               <ol style="list-style-type: none"> <li>Idlis, Poha, Upma, Dhokla etc.</li> <li>Roasted Groundnut, Bengal Gram</li> <li>Sauteed peas</li> <li>Dry Fruit (Unsalted)</li> </ol> </li> <li>Homemade beverages such as               <ol style="list-style-type: none"> <li>Fruit shakes</li> <li>Curd based beverages</li> <li>Lemon water</li> <li>Natural Coconut Water</li> <li>Tea and Coffee without sugar</li> <li>Clear and vegetable soups</li> </ol> </li> <li>Homemade Curd, Readymade Unsweetened curd</li> <li>Homemade sweets such as               <ol style="list-style-type: none"> <li>Kheer, Phirni</li> <li>Sooji/Atta/Besan/Moong Dal Halwa</li> <li>Carrot Halwa etc.</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>Cooked in rich creamy and/or fatty gravy</li> <li>Canned Fruits/Dried fruit/Pulp and Fruit Juices</li> <li>Pulses Cooked in Rich Creamy Gravy or seething with fat (ghee or oil)</li> <li>Commercially available breads or those made of refined flours (Bhatura/Kulcha)</li> <li>Ready to Eat snacks such as               <ol style="list-style-type: none"> <li>Biscuits and Cakes</li> <li>Wafers and other salted snacks including millets</li> <li>Protein Bars</li> <li>Processed, salted dry fruit</li> </ol> </li> <li>Commercially available such as               <ol style="list-style-type: none"> <li>Flavoured milk &amp; shakes</li> <li>Curd based beverages</li> <li>Sweet Lime</li> <li>Packaged Coconut Water</li> <li>Readymade tea/coffee sachets</li> <li>Soup powder packets</li> </ol> </li> <li>Flavoured/Fruit Curd or Sweetened curd preparations</li> <li>Commercially available               <ol style="list-style-type: none"> <li>Indian Sweets</li> <li>Chocolates and Confectionery</li> <li>Cakes and Biscuits</li> </ol> </li> </ul>

Although most food choices are covered, we cannot provide a wider selection. However, individual queries can be answered.



### ***The Concept of Balanced Diet***

The very concept of balanced diet is flawed e.g. Khichdi (cereal and pulses, with vegetables) is a balanced diet by itself whereas a 5-7 course meal may not be balanced at all). Some basic principles can be followed:

- Keep food choices simple (as mentioned above about khichdi.
- Everything in moderation is good. Excess of Everything is bad.
- Eat as much natural food as possible. Food provided by nature is generally balanced in content. As food becomes more manmade and processed, it becomes more and more imbalanced.
- Vegetarian diet is generally more balanced in terms of fibre content, water, vitamins and minerals
- Crops that have not been modified genetically are likely to be more balanced in their content
- Eggs are generally a balanced source of protein and cholesterol. People who are allergic to eggs may use dairy products instead



### ***Choice of Food in Parties and When eating out***

Keep choice of food simple. Every meal need not have every single ingredient. When attending parties or events, try not to compromise on timings and/or content of food. If necessary:

- a) Avoid drinks (sweetened beverages as well as alcohol)
- b) Avoid Snacks or Starters (they are rich in salt and unhealthy fats)



- c) With Main meals, make simple choices, any of the breads with a vegetable/dal/non-vegetarian dish of choice or rice with vegetable/dal/non-vegetarian dish of choice
- d) Avoid Sweets, if it is unavoidable, choose one
- e) Never compromise on eating slowly to enjoy your meal

### **Addictions**

- Say No to alcohol, tobacco, and addictive drugs.
- Only use medication from any medical system only when essential. Remember, any of the drugs of any system of medicine could have a potential of addiction as well as side effects including an increase in appetite, mood changes such as stress (that may result in excessive eating) and resulting obesity.

### **Activity in Life**

- Follow an active Life. This doesn't mean vigorous exercise or going to Gymnasiums. Physical activity in everyday life means taking advantage of opportunities to be active whenever possible, for example.
  - a) Walking to the Local Market for groceries, vegetables and fruits
  - b) Walking to the metro station or the bus stop
  - c) Taking a staircase up instead of an escalator or an elevator
  - d) Doing household work including dusting, cleaning, washing clothes, ironing and gardening
- Remember, walking is still the best exercise. Yoga may be useful. Strenuous Aerobic exercises may not suit every human body. Gymnasiums should be used carefully.

### **Stress and Obesity**

As mentioned, stress and obesity are intimately linked. There are alternatives to stress-eating. These include:

- Counselling; one to one or peer (help) groups
- Developing Hobbies as Stress Busters
  - a) Reading
  - b) Writing
  - c) Drawing/Painting
  - d) Music and/or Singing
  - e) Vigorous Exercise
  - f) Engaging in a sports activity
- Avoid social media when stressed.

## Strategies for Obesity Prevention and Control

*Dr Farzana Islam, Professor & Head, Department of Community Medicine,  
Hamdard Institute of Medical Sciences & Research (HIMSR), New Delhi*

Obesity is a growing health concern worldwide, with India experiencing a rapid increase in cases. According to the World Health Organization (WHO), obesity is responsible for numerous chronic diseases, including diabetes, heart disease, and hypertension. The prevalence of obesity in India has been steadily increasing. As per the National Family Health Survey (NFHS-5), nearly 30% of urban women and 19% of men are overweight or obese, with a significant rise in the prevalence over the past decade.

The situation is alarming with the rise of obesity among adolescents (10–19 years) who are showing an increasing trend in central obesity (based on waist circumference or waist-hip ratio), even when BMI is within normal limits.

As the country faces this escalating challenge, it's essential to explore effective strategies for prevention and control of Obesity. One such strategy comes from Japan, where health-conscious living is deeply ingrained in the culture. Adopting some of these practices could prove beneficial in the Indian context.

### ***The Global Obesity Crisis***

Obesity is no longer confined to high-income countries; it is becoming a global epidemic, with alarming increases in low and middle-income countries like India. In 2020, India had the third-largest population of obese people in the world, with over 135 million individuals affected. The rising obesity rate contributes to non-communicable diseases (NCDs), which now account for 61% of all deaths in India. The growing prevalence of obesity, particularly in urban areas, has become a major public health challenge.

### ***The Japanese Approach to Healthy Living***

Japan has long been recognized for its population's longevity and low rates of obesity. The country consistently ranks among the healthiest nations, with a strong emphasis on nutrition, physical activity, and public health policies.

- a) *Balanced Diet and Portion Control:*** One of the cornerstones of Japan's health culture is a balanced, plant-based diet. The Japanese diet is rich in vegetables, fish, rice, and minimal processed foods. Small portions are also a key component, with traditional meals designed to encourage moderation. The practice of "***Hara Hachi Bu***," which means eating until 80% full, helps prevent overeating and promotes better digestion. The average daily calorie intake in Japan is around 2,000 calories, which is lower than the average 2,400-2,600 calories consumed in India.



- b) Active Lifestyle:** Japanese people incorporate physical activity into their daily routines, not just through formal exercise but as part of everyday activities. Walking and cycling are popular modes of transportation, and many communities participate in morning exercises, known as “Radio Taiso,” a popular and accessible exercise routine practiced in Japan to promote mobility and health. According to a study, Japan’s daily average step count is about 7,000 steps per person, significantly higher than the global average of 4,000-5,000 steps.
- c) Health-Oriented Policies:** The Japanese government implements effective health policies to combat obesity, including mandatory health check-ups and the Metabo Law, which focuses on reducing obesity rates through regular monitoring of waistlines in adults over 40 years old. This law has led to a decline in obesity rates among the Japanese population, from 23.5% in 2008 to 20.3% in 2019.
- d) Social Support Systems:** Japan also places a strong emphasis on community support for health and wellness. People often engage in social groups for fitness activities, creating a network of support that encourages long-term commitment to health goals. The Japanese practice of “Kakeibo” encourages people to track their finances and health, fostering a sense of responsibility and accountability.

### ***Implementing Healthy Lifestyle Practices in India***

While cultural differences exist, many aspects of the Japanese approach to obesity prevention can be successfully integrated into Indian society. Here are a few actionable steps:

- **Promote balanced diets** through public awareness campaigns about portion control and healthier eating habits.
- **Encourage physical activity** by integrating walking and cycling into daily routines, alongside government initiatives for safe and accessible exercise spaces.
- **Adopt health policies** such as regular obesity screenings and the inclusion of nutrition education in schools.
- **Foster community-based support** systems to promote active lifestyles and share knowledge about healthy living.

### **Conclusion**

By incorporating these strategies, India can make significant strides in preventing and controlling obesity. Learning from Japan’s health practices, such as portion control, active living, and robust health policies, provides valuable insights into tackling this global challenge. Together, we can create a healthier future for all.

## Obesity Prevention Begins in the Cradle

*Dr. Irena Mandal and Dr. Ivikali Achumi, Postgraduate Residents, and Dr. Shweta Goswami, Assistant Professor, Department of Community Medicine, Maulana Azad Medical College, New Delhi.*

In recent decades, childhood obesity has emerged as a public health crisis across the globe, with little progress in reducing the burden at a global level. While much of the discourse around obesity centres on diet, exercise, and screen time in school-aged children, we often miss infant feeding practices.

Breastfeeding is a cornerstone of infant nutrition and a biological foundation for healthy metabolic programming. The World Health Organisation (WHO) recommends exclusive breastfeeding for the first six months of life, followed by continued breastfeeding along with complementary foods for up to two years or beyond. But what does breastfeeding have to do with obesity?

Breast milk is uniquely designed to match an infant's evolving nutritional needs. It contains optimal amounts of macronutrients, bioactive compounds, and hormones such as leptin and adiponectin, which help regulate appetite and fat metabolism. A systematic review from 2015, has shown that exclusively breastfed infants have a 13–26% lower risk of becoming overweight or obese later in life compared to those who are formula-fed. It offers protective benefits against obesity through the unique composition of human milk, suckling experience, and metabolic responses. Moreover, breastfed infants tend to have better self-regulation of feeding, learning to eat in response to hunger and satiety cues that carry forward into later childhood and protect against overeating.

While the benefits of breastfeeding are well documented, especially about healthy weight regulation, it's equally important to distinguish this from common concerns surrounding milk consumption in general, particularly conditions like lactose intolerance that are often misunderstood. The increasing reliance on infant formula due to the widespread misconception about lactose intolerance in infants, driven by cultural myths and marketing, deserves closer scrutiny. This has led to a surge in unnecessary formula use and early weaning from breast milk. This shift, subtle as it may seem, can have long-term implications for a child's weight trajectory and metabolic health.

Lactose intolerance (LI) is a condition marked by specific symptoms that occurs after consuming foods containing lactose, a sugar found in milk, due to a deficiency of the enzyme lactase. Many parents, especially in South Asian households, mistakenly believe that gassiness, fussiness, or loose stools are signs of lactose intolerance, leading to premature cessation of breastfeeding or a switch to formula. In reality, primary lactose intolerance is extremely rare in infants. What parents often observe are normal signs of an immature digestive system or, in rare cases, transient lactose overload due to oversupply or improper latching. The wrong understanding of LI has led to an increase in misleading self-diagnosis, resulting in unnecessary dietary restrictions like reducing or eliminating

dairy products in children and inappropriate treatment. Therefore, it is always advisable to continue breastfeeding unless contraindicated in genetic conditions like Congenital lactase deficiency, which is extremely rare.

Formula lacks many of the immunological and hormonal components present in breast milk. Additionally, formula-fed infants are often encouraged to finish bottles, overriding natural satiety signals and promoting overfeeding. Furthermore, formulas often have higher protein content, which may stimulate increased insulin secretion and fat deposition in infancy. Early introduction of solid foods, often observed among formula-fed infants, also contributes to unhealthy weight trajectories. Formula-fed children in infancy were more likely have increased risk of type 2 diabetes, cardiovascular diseases less favourable lipid profile, higher risk of oral diseases, such as malocclusion, tooth decay and mouth breathing, and even modestly lower IQ scores compared to breastfed children. Therefore, breastfeeding is always to be preferred over formula feeding for a healthy growth of the child.



### **Conclusion**

In conclusion, by promoting and supporting exclusive breastfeeding, debunking myths around lactose intolerance, and understanding the risks of formula feeding, we can lay the foundation for healthier generations. It's time to recognise that the war against childhood obesity is not won in the gym or cafeteria, but in the first few months of life, at a mother's breast.

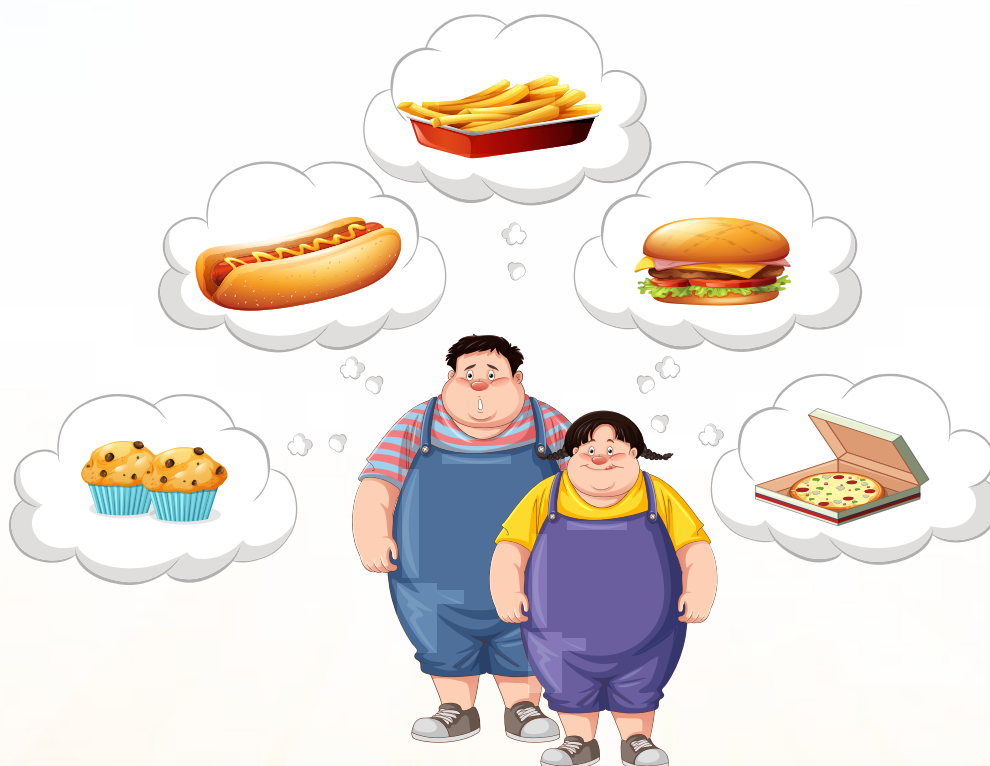


## Adolescent Obesity: A Public Health Concern

*Muneera Moinuddin, MBBS 1st Year Student, Hamdard Institute of Medical Sciences, New Delhi and Dr. Safia Habib, Assistant Professor, Department of Biochemistry, Jawaharlal Nehru Medical College, Aligarh Muslim University*

Adolescent obesity (AO) is a global health concern. The problem is appalling in high-income countries, with approximately 20% of children being obese. The prevalence of severity is on the rise. As a result, adolescents with obesity experience emotional turmoil, social incompetence, and physical & mental health consequences. These overall result in compromised growth and difficulty in attaining developmental milestones.

Most of the adolescents with clinically defined obesity not only carry the burden of increased cardiovascular and altered metabolic risk, but they are also reported to be more susceptible to developing certain types of cancers.



Adolescence, as defined by the American Academy of Pediatrics, ranges between the ages of 11 to 21 years. This is a unique era of psychosocial change. The period is specifically characterized by less receptivity, tolerance, and regulatory skills. They present with heightened impulsive behavior with elevated risk involving activities. Such a shift is mostly responsible for altered cell signalling and making them more prone to progress towards AO.



Identifying effective treatment strategies for AO is paramount, but complicated by the multifactorial etiology of obesity. Moreover, studies report that AO is strongly linked to low socioeconomic status and is also associated with race and ethnicity. Therefore, a single treatment modality is unlikely to address the multifactorial etiologies.

Considering the multifactorial origin of AO, an appropriate treatment approach for AO must take into account the race, age, gender, pubertal status of the individual, severity of obesity, underlying possible etiology, obesity-related complications, psychosocial factors, and patient history.

The United States alone suffers from 15 million cases of AO. To date, there is no identified and established cure for obesity, as is the case with similar other chronic metabolic diseases; the condition requires lifelong treatment. Thus, AO is one of the most crucial public health problems of the time.

Treatment for AO on a global scale will not be possible in a single clinical setting. Changes are required at the level of school education, the government sector, health care systems, marketing platforms, and food processing industries.

AO deserves the same attention, flow of resources, research rigor, and lifelong care as provided to other chronic diseases. There is an urgent need to identify and educate about the available adjunct therapies, specialized treatment centers with lifelong care facilities, and obesity medicine specialists.

As only a handful of accredited bariatric surgery centers in pediatric hospitals exist, this needs to be taken care of. The current load can also be handled by well-trained behavior intervention specialists, like registered dietitians and psychologists, along with the medical team to assist with issues related to difficult parenting, eating disorders, smoking, drug addiction, and the importance of medication adherence.

### **Conclusion**

The situation underscores the critical need for additional research in obesity management and medicine. Mounting evidences highlight the deleterious effects of excess body fat during adolescence and beyond; therefore, it is our ethical duty to provide lifelong access to evidence-based obesity management and treatment.

# The Obesity Chronicles: Hormones, Heartaches & Hope

*Dr. Olivia Skariah, Assistant Professor, Department of Obstetrics and Gynaecology,  
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## **The Food-Fuelled Reality**

We live in a world where food delivery apps know us better than our family does. Every celebration, heartbreak or even a boring Tuesday starts with “Let’s order something!”. But beneath the butter chicken and bubble tea lies a growing problem: Obesity. And when it comes to women, the story is a hormonal thriller with a twist of drama.

## **PCOD: The Silent Saboteur**

You’ve probably heard of PCOD being the villain in many women’s stories. Acne, irregular menses, unwanted hair, weight gain. The twist? Many of these women have normal hormone profile. Sr. Testosterone, Fasting Insulin, TFTs, Prolactin? Normal. But their bodies are screaming, “Something’s not right!”.

Because “normal” in blood reports is like “free size” clothing. Technically it fits but it’s not YOUR fit. Just because a level is in normal range doesn’t mean all’s okay within you. You might just be super sensitive. It’s like being lactose intolerant; milk’s not evil, your system just disagrees with it.

And the irony is, just having polycystic ovaries on ultrasound isn’t enough to diagnose PCOD. So why is it even called polycystic ovary syndrome? Great question. Turns out, you can have all the symptoms without the ‘cysts,’ and have the ‘cysts’ without the syndrome.



## **Insulin Resistance: The Sneaky Culprit**

Insulin Resistance is like the background app draining your body’s battery. You may not be diabetic, but your cells stop responding to insulin. Fat piles on, especially around the belly. The real frustration? Reports say you’re fine, but your body tells another story: fatigue, acne, mood swings, irregular periods, Acanthosis nigricans, skin tags, hirsutism and stubborn weight.

## **The Fertility Struggle**

Obesity messes with fertility. Anovulatory cycles, drop in egg quality, even a fall in IVF success rates. It’s physically and emotionally exhausting.

### ***The Taunts, the Trials, the Tears***

Weight isn't just about kilos. It's about "Beta, you've gained healthy weight, no?", "Shaadi kaise hogi iski?" As if your worth is hiding under your belly fat. And let's be honest, losing weight is hard. Anyone who says, "Just eat less and move more," has never battled PCOD, stress-eating or had their period once in 3 months. Your insulin's doing the cha-cha, your ovaries are confused, and your hair can't decide where to grow. It feels like you're stuck in a tragic Netflix docu-series.

### ***The Vicious Cycle***

Weight gain leads to insulin resistance. You try dieting. Lose a kilo. Blink & it's back. The stress makes you eat. The weight brings shame. The shame causes depression. And here come Hypertension, Dyslipidemia, and Diabetes- your body's uninvited guests.

### ***Midlife Blues***

After Menopause estrogen quietly exits, leaving belly fat, hot flashes, and mood swings in its wake. Metabolism slows, bones weaken, and that little black dress now laughs in your face. Obesity at this stage increases risks of heart disease, diabetes, osteoporosis and also endometrial carcinoma. The excess fat acts as an Estrogen factory and without progesterone to keep it in check, the endometrium gets overstimulated.



### ***Health Meets Self-Love***

In a world embracing body positivity, how do we talk about weight? Being kind to your body means caring for it. It's not just a number on a scale. It's about energy, confidence, and long-term health. Even a 5–10% weight loss can improve ovulation, mood, and insulin sensitivity. No crash diets. No six packs. Just small, sustainable changes. Eating better. Dancing around your house. Walking with your favorite songs. Stretching in pajamas.

## **Conclusion**

Have realistic goals.

Listen to your body's signals, not the aunties.

With a side of salad..... and yes, occasionally, fries.



## Obesity in Women: Effects of Menopause, PCOD, Infertility & Impact on the reproductive system

*Dr. Japleen Bhatia, Junior Resident, Department of Dermatology and Venereology, Government Multi Specialty Hospital, Chandigarh*

Obesity is a growing health crisis worldwide that has reached epidemic proportions in recent decades. It is influenced by a combination of factors including poor diet,



sedentary lifestyle, genetics, & environmental influences. More than just a matter of appearance, obesity is a complex medical issue that affects nearly every system in the body and has serious implications for physical, emotional, and social well-being.

Women are particularly vulnerable to its effects due to the intricate relationship between body fat & hormonal regulation. In women, it significantly influences the onset & progression of conditions such as Polycystic Ovarian Disease (PCOD), infertility, and menopause, altering normal reproductive function and leading to long-term health consequences.

One of the most prominent effects of obesity in women is the disruption of hormonal balance, which is closely tied to reproductive health. Excess body fat increases the production of estrogen leading to irregular menstrual cycles and ovulatory dysfunction. This plays a key role in conditions such as PCOD.

Polycystic Ovarian Disease (also known as PCOS – Polycystic Ovary Syndrome) is a common endocrine disorder that affects millions of women of reproductive age. Obesity exacerbates PCOD by increasing insulin resistance, which in turn promotes androgen production by the ovaries. High levels of male hormones lead to symptoms like hirsutism, acne, and anovulation leading to infertility. Obese women with PCOD often experience

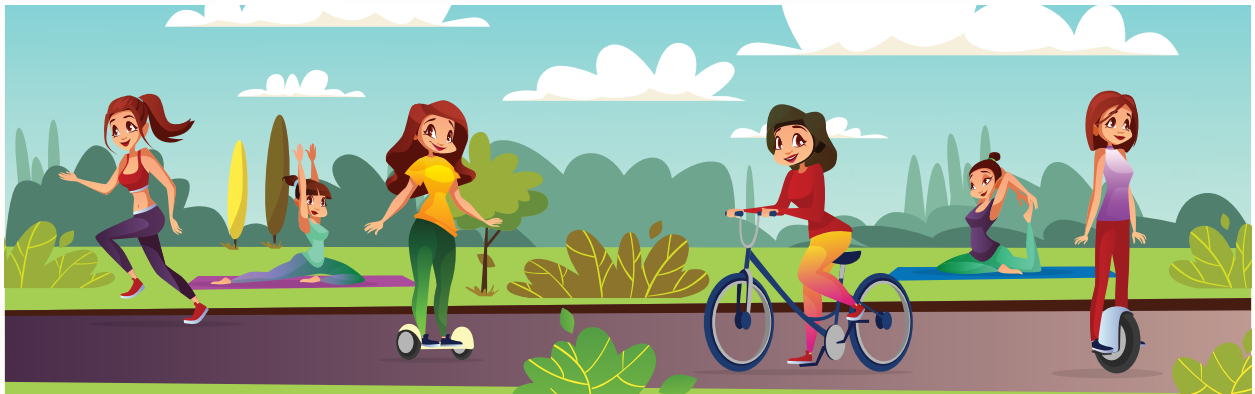


more severe symptoms compared to their lean counterparts and face greater challenges in managing the condition.

Infertility is another major consequence of obesity in women. Excess fat disrupts ovulation, which is essential for conception. Additionally, obesity affects the quality of eggs and the success rates of fertility treatments like in-vitro fertilization (IVF). The hormonal imbalances caused by obesity may also reduce endometrial receptivity, making it harder for a fertilized egg to implant in the uterus.

As women approach menopause, obesity can complicate this natural transition. Menopause itself brings hormonal shifts, particularly a decline in estrogen production from the ovaries. However, in obese women, the continued peripheral conversion of androgens to estrogen in fat tissue can lead to persistently elevated estrogen levels. This can result in prolonged perimenopausal symptoms such as heavy bleeding, mood changes, and hot flashes. Moreover, obesity during and after menopause is associated with an increased risk of cardiovascular disease, type 2 diabetes, and endometrial cancer.

The impact of obesity on the female reproductive system is profound. Beyond hormonal disturbances, excess weight can lead to chronic inflammation and oxidative stress, which further impair ovarian function and overall fertility. Addressing obesity through lifestyle interventions—like a healthy diet, regular physical activity, and behavioural therapy—can improve hormonal balance, restore ovulation, and enhance fertility outcomes. In some cases, medical or surgical weight loss interventions may be necessary.



### **Conclusion**

In conclusion, obesity in women is not only a metabolic concern but a major reproductive health issue. It influences the onset and severity of PCOD, contributes to infertility, alters menopausal transition, and impairs overall reproductive health. Early intervention and sustainable weight management are key to mitigating these risks and supporting long-term well-being.

## अधिक वज़न की रोकथाम के लिए आसान और व्यावहारिक उपाय

डॉ. विकास यादव (वैज्ञानिक-ई), डॉ. उदय मंडल (वैज्ञानिक-सी), आई.सी.एम.आर - राष्ट्रीय पर्यावरणीय स्वास्थ्य  
अनुसंधान संस्थान, भोपाल, मध्य प्रदेश

आज के समय में अधिक वज़न एक आम समस्या बन चुका है, जो मधुमेह, उच्च रक्तचाप, हृदय रोग और जोड़ों के दर्द जैसी कई बीमारियों का कारण बन सकता है। अच्छी बात यह है कि कुछ छोटे लेकिन असरदार बदलावों से वजन को नियंत्रण में रखा जा सकता है—बिना जिम गए या महंगी डाइट अपनाए।

### नियमित वजन नापें और रिकॉर्ड करें

नियमित तौर पे वजन नापना (साप्ताहिक तौर पर) और उसे डायरी या मोबाइल ऐप में दर्ज करना आपको अपने वजन में हो रहे छोटे बदलावों को पहचानने में मदद करता है। इससे समय रहते सही कदम उठाना आसान होता है।



### नियमित भोजन का समय तय करें

शरीर एक तय रूटीन में बेहतर काम करता है। नाश्ता, दोपहर और रात का खाना रोज लगभग एक ही समय पर लें। देर रात खाने से बचें क्योंकि इससे पाचन गड़बड़ हो सकता है और वजन बढ़ सकता है।

### तनाव और 'भावनात्मक भूख' को पहचानें

कई बार हम भूख के कारण नहीं, बल्कि तनाव, बोरियत या भावनात्मक असहजता में खाते हैं। इसे 'इमोशनल ईटिंग' कहते हैं। खाने से पहले खुद से पूछें — "क्या मैं सच में भूखा हूँ?" अगर जवाब तनाव है, तो उसे हल करने की कोशिश करें—गहरी सांस लें, टहलें या किसी से बात करें। अगर फिर भी भूख लगे तो पानी या हर्बल चाय लें, और ज़रूरत हो तो फल या थोड़े मेवे खाएं। चिप्स, बिस्किट, मिठाई जैसे खाद्य पदार्थों से बचें।

### अपने भोजन को समझें

कैलोरी गिनना ज़रूरी नहीं, लेकिन यह जानना ज़रूरी है कि कौन-से खाद्य पदार्थ ज्यादा तेल, चीनी या फैट वाले हैं। तले हुए खाने की बजाय उबले या भूने हुए विकल्प चुनें। कोल्ड ड्रिंक की जगह पानी या नींबू पानी पिएं। मिठाई स्वादिष्ट होती है लेकिन इनकी कैलोरी बहुत अधिक होती है। कोशिश करें कि सप्ताह में केवल एक दिन ही थोड़ी मात्रा में मिठाई खाएं।





## रोजाना फल जरूर खाएं

स्थानीय और मौसमी फलों का सेवन करें, जिनमें फाइबर, विटामिन और प्राकृतिक मिठास होती है। जैसे अमरूद, संतरा, पपीता, तरबूज। ज्यादा मीठे फल जैसे आम या चीकू संतुलित मात्रा में खाएं। जूस की बजाय साबुत फल खाना ज्यादा फायदेमंद है।



## चलना है जरूरी

नियमित तौर पर 30 मिनट तेज़ चाल से चलना (brisk walk) बहुत लाभकारी है। अगर एक बार में 30 मिनट चलना संभव न हो, तो दिन में तीन बार 10-10 मिनट भी चल सकते हैं। फोन पर बात करते समय, टीवी देखते हुए या काम के बीच ब्रेक लेकर घर के अंदर भी चल सकते हैं। जरूरी नहीं कि वॉक सिर्फ पार्क में ही हो—आपका कमरा भी फिटनेस ज़ोन बन सकता है।



## अंतिम विचार

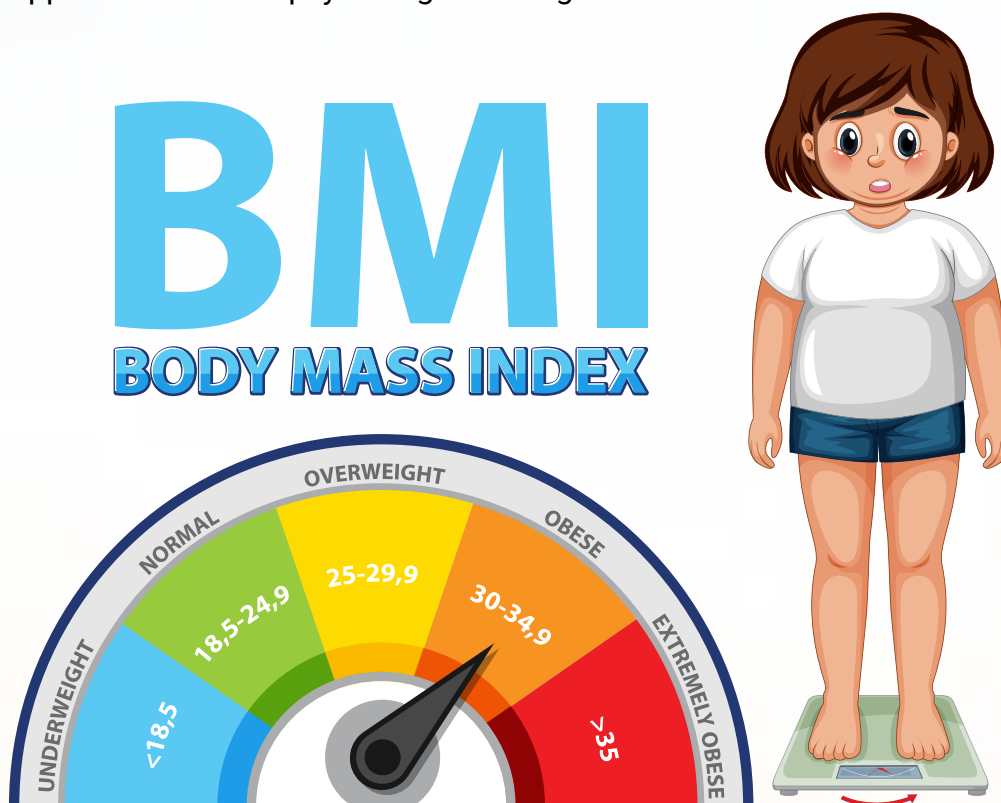
हालाँकि अधिक वज़न नियंत्रण में लाना कठिन हो सकता है, लेकिन यदि हम अपने दैनिक जीवन में छोटे और समझदारी भरे बदलाव करें, तो यह लक्ष्य आसान हो सकता है। कोई विशेष डाइट या जिम की ज़रूरत नहीं होती—जरूरत है तो नियमितता, जागरूकता और अपने शरीर को समझने की। आज से ही शुरुआत करें—हर छोटा कदम बड़ा फर्क ला सकता है। इस लेख में दी गई सलाह अपनाने से पहले कृपया ध्यान दें: यदि आपको कोई स्वास्थ्य समस्या है, तो आहार में किसी भी बदलाव से पहले अपने चिकित्सक या प्रमाणित पोषण विशेषज्ञ से परामर्श अवश्य लें।

# Psychological Aspects of Obesity

*Dr. Preethi V, 1st Year PG, Department of Microbiology, Government Medical College, Kadapa*

## Introduction

Obesity is a complex disorder characterized by an increase in body fat mass and defined by a body mass index in which BMI is greater than or equal to 30 kg/m<sup>2</sup>. Globally, its prevalence has become a pandemic in the last decades. The etiopathogenesis of obesity is multifactorial, which implies both genetic predisposition and environmental factors. Despite the increasing global prevalence of obesity, individuals with this condition frequently encounter societal stigma and discrimination, that precipitates psychological challenges. These comprise of diminished self-worth and dissatisfaction with one's own physical appearance. These psychological thoughts in turn leads to stress and obesity.



## Etiology

There are various reasons which leads to obesity, like - biological, social and psychological factors that shows it is a multifactorial in origin.

### a) Biological

Genetic factors significantly influence the relationship between obesity and psychological well-being, with specific genes predisposing individuals to obesity. The balance of

hormones which regulate hunger & satiety can be disrupted by obesity. These hormonal influences may lead to altered cortisol levels, which contributes to stress and anxiety. As a result, there is emotional dysregulation.

### ***b) Social***

The social etiologies of the psychological effects of obesity includes societal stigma and discrimination. These include the social environment in which individuals with obesity experience marginalization and prejudice. Discrimination in employment and social interactions can lead to psychological stress. This social stigma hinders the individual from seeking medical care.

### ***c) Psychological***

The psychological effects of obesity can be connected with emotional and behavioural factors. Stress and emotional distress are significant contributors leading to emotional eating and weight gain. The society sets a specific body standards that can lead to negative self-image and low self-esteem among individuals who are obese.



### ***Effects of Obesity on Mental Health***

#### **1 Depression and Anxiety**

There is strong association between obesity and mood disorders as per research. Depression is more commonly seen in obese people in comparison to other mood disorders. Women are more affected than men, because of society's emphasis on thinness as a characteristic feature of female beauty.

#### **2 Low Self Esteem and Body Image**

People with obesity may have a negative self-perception about their body image, which impacts their self-esteem as well as their overall well-being.

#### **3 Eating Disorders**

Bulimia Nervosa and Binge eating disorder are most commonly seen eating disorders with respect to obesity. Majority of the people are seen to be affected with binge eating disorder.





### ***Emotional Dimensions Related to Obesity***

#### **1 Stress**

The weight related stigma given by the society and the peer contributes to chronic stress and leads to self-isolation in few people.

#### **2 Impact on Relationships**

Obesity may affect social interactions and relationships as they might have experienced discrimination and social exclusion from fellow people, it takes a huge toll in their personal relationships.

#### **3 Emotional Eating**

The stress that arises due to obesity can trigger negative emotions, where individuals eat food excessively as coping mechanism which leads to further weight gain.

### ***Approach to the Issue***

#### **1 Multiphase Interventions**

Interventions that address both physical as well as psychological aspects of obesity should be implemented that would include lifestyle modifications and counselling.

#### **2 Weight Inclusive Approach**

Promoting weight inclusiveness and normalizing weight gain under few circumstances will reduce the stigma and improve the mental health of individuals.

#### **3 Mental Health Support**

Providing people with therapy and support groups can help individuals to cope up with emotional struggles caused by obesity.

### **Conclusion**

On the whole, understanding the intertwined relationships between obesity and mental health, will help health care professionals and individuals from society to create a more supportive as well as inclusive society so that people can feel normal regardless of their body size.

## The Weight No One Sees: Exploring the Emotional Reality of Obesity

*Dr. Neha Sharma, Assistant Professor, Department of Radiation Oncology,  
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Obesity is often viewed through a physical lens - calories in, calories out; exercise more, eat less. But behind the numbers lies a world of emotional turmoil, psychological distress, and silent suffering. For many, the struggle is not just with weight, but with how the world sees them—and how, over time, they begin to see themselves.

### The Unspoken Pain of Subtle Body Shaming:

Body shaming doesn't always sound like insults. It often comes in the form of long stares, awkward compliments, unsolicited advice, or even silence. These microaggressions chip away at a person's self-worth. A shop assistant suggesting a scarf instead of a dress. A friend pushing a fitness challenge "for your own good." A co-worker calling someone "brave" for wearing certain clothes.



These aren't harmless. They're constant reminders of not fitting in—of being seen as "less than." Worse, they're often brushed off or go unspoken, leaving the person to wonder if they're overreacting, which deepens the shame.



**"I Know How I Look":** There's a cruel assumption that people with obesity aren't aware of their bodies. In truth, they're painfully conscious of them. Mirrors, tight chairs, judgmental glances in restaurants—all are daily reminders. This awareness fuels self-loathing and isolation. Many avoid social settings, fearing judgment. A voice inside tells them they're not good enough—not attractive, not worthy—just because of their size. And when someone points it out, it only confirms what they already carry silently.

**Medical Factors:** Often Ignored: Obesity isn't always a result of poor choices. Conditions like hypothyroidism, PCOS, insulin resistance, depression, and even certain medications can play major roles. Despite this, people are often told to simply "eat less and move more."

Such advice ignores real medical complexity. Imagine battling biology and being blamed for lacking willpower. It's not just unfair—it's damaging.

**The Inner Struggle:** Mental Health and Obesity: Emotional eating is often a coping tool for dealing with trauma, stress, or loneliness. Food becomes comfort. But afterward, guilt sets in. The cycle continues—weight gain, self-blame, more eating, more guilt.

People with obesity are more prone to depression, anxiety, low self-esteem, and disordered eating. Worse, healthcare providers sometimes reinforce this pain. Many patients feel dismissed. Their symptoms are chalked up to weight. This leads to delays in care and growing mistrust in medical systems.



### **A Call for Compassion:**

Understanding the emotional reality of obesity means letting go of blame. Behind everybody is a human being—with history, feelings, and struggle.

Support, not shame, must lead our approach. This includes compassionate care, non-judgmental conversations, and accepting spaces. Every person deserves dignity—regardless of size.

Obesity is not a moral failing. It is a layered issue—part biology, part environment, part psychology. But meaningful change can only begin when people feel safe, seen, and respected.



## Media and Social Media Influence On Obesity: Body Image, Diet Trends, and Misinformation

*Dr. Jaya Nawani, Associate Professor, Department of Psychiatry  
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### **Are We Scrolling Towards Obesity?**

In today's world, we spend hours scrolling through social media—liking pictures, saving recipes, watching transformation videos. But behind the filters and hashtags, there's something we often don't see: how this content affects our health, especially when it comes to body image, diet trends, and obesity.

### **The Body Image Trap**

Everywhere we look—Instagram, movies, ads—we see “ideal” bodies: six-pack abs, size-zero figures, and flawless skin. These images often set unrealistic standards. Many of them are edited, filtered, or even digitally altered. But our minds don't always realize that.

The result? People—especially teenagers and young adults—start feeling unhappy with their natural bodies. This leads to crash diets, over-exercising, or even skipping meals. Instead of promoting health, media often promotes insecurity.



### **Diet Trends: Quick Fix or Long-Term Harm?**

Have you ever seen a post claiming, “Lose 10 kg in 10 days!” or “Drink this detox tea to melt fat overnight”? These viral trends may seem tempting, but most are not backed by science.



From keto to intermittent fasting to “no-carb” challenges, diet trends spread like wildfire. But what works for one person may not work—or even be safe—for another. Without proper guidance from a doctor or nutritionist, these diets can lead to nutritional deficiencies, fatigue, or worse—weight gain once the diet is over. Remember, there are no shortcuts to a healthy lifestyle. Real change takes time, balance, and patience.

### ***The Problem with Misinformation***

One of the biggest issues on social media is misinformation. Anyone can post anything—and many so-called “health influencers” have no medical background at all. Some promote dangerous supplements or extreme routines without warning about side effects.

Misinformation spreads faster than facts. It can create confusion, anxiety, and unhealthy habits. That’s why it’s important to verify any health advice from reliable sources—like government health websites, registered dietitians, or doctors.

### ***So, What Can We Do?***

Let’s not blame social media entirely—it also has a positive side. It can inspire us to stay active, eat better, and support each other on health journeys. The key is to use it wisely:

- Follow trusted, qualified health professionals.
- Think critically before trying a new trend.
- Focus on how you feel, not just how you look.
- Remember that everybody is different—and that’s okay.
- Talk to a doctor or expert before starting any major diet or fitness plan.



### **Final Thoughts**

Obesity is a growing concern in India and around the world. It’s linked not just to what we eat or how we move—but also to how we think, feel, and consume information.

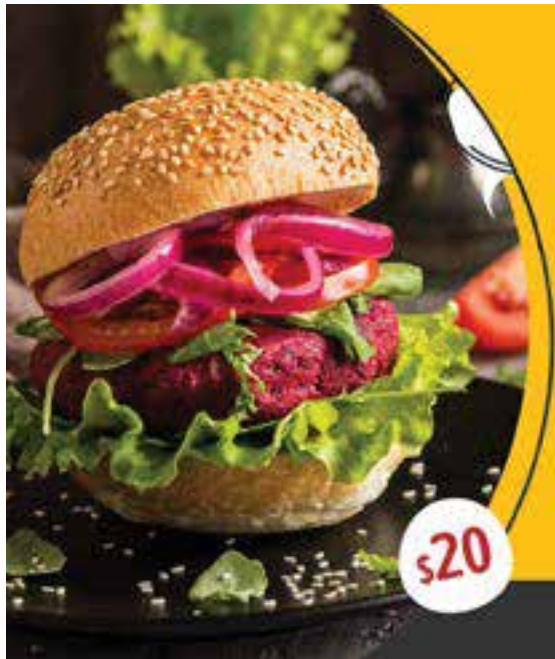
The media has a powerful role in shaping these thoughts. Let’s choose to follow content that supports real health, not just “picture-perfect” bodies.

After all, health is not about looking a certain way—it’s about living well. So the next time you scroll, ask yourself: Is this post helping me or harming me?

## Body Image, Diet Trends, and Misinformation

*Dr. Megha Agrawal, Associate professor, Department of Physiology, AIIMS Vijaypur, Jammu*

It's the 21st century. A child clutching the hands of her parents while walking on the street, gazes at the banners around her. She sees colourful advertisements promoting burgers, noodles, and fast food, all paired with extra-special cheesy dips designed to overwhelm the senses. She also sees size-zero supermodels with flawless skin and trendy clothes fronting beauty brands and endorsing carbonated drinks. Vaping stores seem quite accessible flaunting a variety of flavours, along with a constant buzz at alcohol stores. Around her, people are glued to their phones, collecting “likes” from countless online followers on picture-perfect, heavily filtered images. She sees her favourite actors smoking, doing drugs and drinking alcohol in cool night clubs on the silver screen, and wonders if a little thrill could actually kill?!



What surprises her is the complete absence of green leafy vegetables, colourful fruits, importance of exercise, playtime, or practices like yoga and meditation—those “boring” topics often discussed at home by parents or health professionals. The dopamine highs of consumption and virtual validation have blurred the lines between hedonism and happiness. Conditioned by such constant exposure, she can no longer discern what is truly healthy and normal.

Nonetheless, the superficiality is not satisfying. There is a growing disconnect between the realities of the world and the fantasy that media presents to impressionable minds. This paradox has left the current generation in a perpetual state of confusion. With



rapidly changing lifestyle trends, non-communicable diseases—especially obesity—are on the rise. Obesity is now being identified as a relapsing progressive disease process that is multifactorial, chronic and complex. Sedentary habits, stress, and poor diets have contributed to this global epidemic, and yet, public perception at large still lacks insight.

While social media can offer a platform for valuable discussions on lifestyle changes, it also poses serious challenges, particularly in how we engage with it. Unfortunately, rational voices are often drowned out. As the saying goes, “all that glitters is not gold.” Media not only promotes high-calorie diets—like those centred on pizzas and burgers—but excessive screen time also leads to reduction in physical activity. Moreover, disrupted sleep cycles from late-night scrolling could result in hunger pangs at odd hours. Algorithms prioritize attention and popularity over usefulness or truth, and show what one chooses to see... often inducing cravings and the fear of missing out (FOMO). Many young people fall prey to social comparison and unrealistic beauty standards, developing distorted body images and low self-esteem. The resulting psychological stress may trigger hormonal imbalances, such as excessive cortisol release, contributing further to weight gain.

Social support has been shown to aid individuals in their weight-loss journeys, while loneliness, weight bias, and fat-shaming can be deeply discouraging. Trolling is rampant on social media platforms. Adding to the problem is the spread of misinformation online. Many amateurs or quacks present themselves as experts and perpetuate harmful myths about dieting. Vulnerable people may fall victim to fraudsters selling “quick-fix” weight-loss pills or programs for profit. Even practices like yoga that are known to have health benefits (if done right), have been commercialized and misrepresented simply to attract attention—think “wine yoga” or “goat yoga”.

### **Conclusion**

As we sow, so shall we reap. Whatever culture we allow in this era, will influence future generations to come. It will affect their mental, physical and social wellbeing, with slow and steady changes in genetics and the environment. As a community, there is a need to realise the responsibility that comes with freedom of speech, regulate media content as well as teach our children to discern information and self-regulate themselves. Ultimately, tools cannot be blamed for misuse. Technology is a double-edged sword—how we use it makes all the difference.

# Systematic Review of Obesity Management

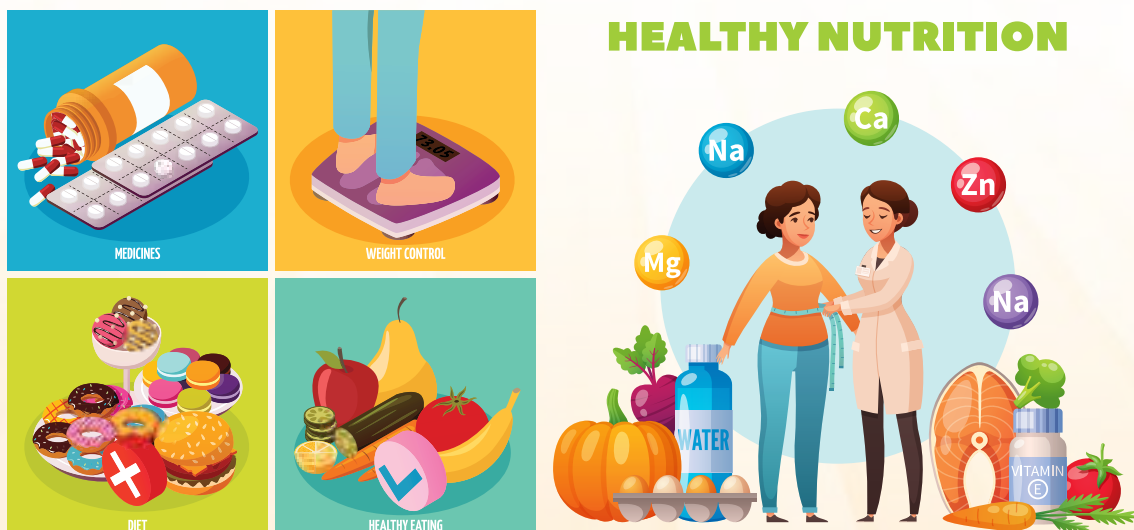
## Advice by Nutritionists and Dietitians: An Indian Perspective

*Dr. Avinash Sunthlia, Senior Medical Officer, Dte. GHS (HQ)*

Obesity has become a major public health issue in India, driven by urbanization, sedentary lifestyles, and changing dietary habits. According to the 2024 National Academy of Medical Sciences (NAMS) Task Force Report, over 13.5 crore Indians are affected by obesity or overweight conditions. Nutritionists and dietitians are pivotal in delivering evidence-based interventions to address this growing epidemic. This systematic review and meta-analysis evaluate the strategies adopted by Indian nutrition professionals, their effectiveness, and contextual challenges in managing obesity.

Following PRISMA guidelines, a systematic search was conducted across PubMed, Scopus, Web of Science, IndMED, and MedIND for studies published between January 2010 and March 2025. Inclusion criteria were: (1) studies conducted in India, (2) dietary advice provided by qualified nutritionists or dietitians, and (3) outcomes assessed using BMI, waist circumference, or weight loss. Studies involving only non-dietary interventions or unqualified advisors were excluded. Data were extracted on intervention type, duration, follow-up, and outcomes. A random-effects meta-analysis was conducted on 21 eligible studies encompassing 3,875 participants.

Six common intervention strategies emerged: calorie-restricted diets, low-glycemic-index (GI) meal planning, high-fiber intake, increased consumption of fruits and vegetables, meal timing modifications, and personalized dietary counseling. The pooled analysis showed a mean body weight reduction of -2.6 kg (95% CI: -3.1 to -2.1) over an average 12-week follow-up. Calorie restriction was the most widely used and effective intervention. Individualized meal plans, particularly those aligned with local food preferences, showed better adherence and outcomes.



Digital follow-ups and family involvement improved long-term compliance. Urban participants adhered more consistently to structured plans, while rural populations responded better to culturally appropriate dietary alternatives, such as substituting millets for polished rice. Nutritionists are increasingly tailoring advice to sociocultural factors, food availability, local cooking practices, and economic constraints. Traditional, nutritious substitutes like roasted chana or makhana for calorie-dense snacks have shown promise. Behavioral counseling—covering portion control, emotional eating, and physical activity—was commonly integrated into dietary sessions.

Differences were observed in the approaches of dietitians and nutritionists. Dietitians, with clinical training, typically used detailed assessments—including anthropometry and lab results—to develop customized plans that addressed comorbidities like diabetes. Nutritionists, meanwhile, focused on accessible, community-based strategies using local foods and simplified guidance. Both approaches were effective, but dietitian-led interventions produced more consistent, clinically significant results, especially among those with metabolic disorders.

Despite encouraging outcomes, several limitations were noted. Many studies had small sample sizes, short durations, and lacked standardized outcome measures. Long-term follow-up beyond six months was rare, limiting understanding of sustained weight loss. Integration with pharmacological or surgical treatments—now more common in India—was underexplored. Research on childhood and adolescent obesity was also scarce, despite increasing prevalence. Additionally, regional disparities point to the need for state-specific dietary guidelines and enhanced training for nutritionists, especially in Tier 2 and Tier 3 cities.

### **Conclusion**

Personalized, culturally relevant dietary interventions by qualified Indian nutrition professionals are effective in managing obesity.

Calorie control, balanced macronutrient distribution, and use of traditional food systems emerge as sustainable strategies.

Addressing systemic challenges—such as lack of long-term support, regional gaps, and limited pediatric focus—can further strengthen the role of nutritionists and dietitians in India's obesity management landscape.



## The Dietary Advice Dilemma: The Rise of Self-Proclaimed Nutritionists and the Risks of Unqualified Guidance

*Amruthraj Radhakrishnan, Technical Officer, Dte. GHS (HQ)*

In today's digital age, nutrition advice has transcended the confines of clinical settings and academic journals, finding new life across social media platforms, blogs, and video-sharing sites. Social media platforms are now flooded with influencers and self-styled "health coaches" offering dietary guidance to millions— Often lacking formal education, clinical training, or licensure, they present themselves as experts.

The emergence of such figures has not occurred in a vacuum. Chronic conditions like obesity, diabetes, and heart disease have pushed nutrition to the forefront of preventive health and lifestyle-based interventions. But with a growing demand for quick, relatable advice, many people are turning to the most visible voices online, rather than credentialed professionals like registered dietitians (RDs) or clinical nutritionists.

### ***The Problem with Popularity Over Qualifications***

Self-proclaimed nutritionists often rely on personal anecdotes, popular trends, or misinterpreted studies rather than evidence-based research. Their highly polished, engaging content often mimics the language and appearance of professionalism, blurring the line between credible science and anecdotal claims.

Many of these influencers promote restrictive diets, detox teas, or unregulated supplements. Though appealing on the surface, such advice can pose serious health risks when followed without professional oversight. Unlike trained professionals who tailor recommendations to individual needs, unqualified influencers provide one-size-fits-all solutions that may lead to:

- **Nutrient Deficiencies:** Elimination diets (e.g., dairy-free, fruitarian) can result in insufficient intake of key nutrients like B12, iron, and calcium, etc.
- **Disordered Eating:** Idealized eating patterns on social media can fuel unhealthy obsessions, like orthorexia, particularly in adolescents.
- **Delayed Medical Care:** Some followers replace essential treatments—like insulin or chemotherapy—with influencer-recommended "natural" alternatives, leading to preventable health crises.
- **Supplement Misuse:** Endorsed products may contain harmful or unregulated substances, causing liver damage, heart issues, or severe dehydration.

### ***Why People Trust the Unqualified?***

The appeal of these influencers lies not only in their content but in the emotional connection they build. Known as parasocial relationships, these one-sided bonds make followers feel personally connected to influencers who share their health journeys. This trust, combined with social media algorithms that reward popularity over accuracy, amplifies the spread of misinformation.

Research shows that emotionally resonant, simple content—like dramatic before-and-after photos or “clean eating” vlogs—spreads more rapidly than nuanced, science-based advice. Followers are more likely to believe content that aligns with their desires, especially when it promises quick, easy solutions.

### ***The Public Health Cost of Misinformation***

The unchecked spread of unqualified dietary guidance represents a major public health challenge. Without digital gatekeeping or media literacy, users are increasingly vulnerable to unsafe practices. Regulatory gaps allow influencers to market themselves as experts and monetize harmful advice with little accountability.

To address these challenges, public health agencies must adopt a proactive approach by promoting digital health literacy through educational campaigns that help users critically assess the credibility of online nutrition content. Strengthening regulations is also essential, with clear policies that differentiate qualified health professionals from unlicensed individuals offering potentially harmful advice. Additionally, collaboration with technology platforms is crucial to ensure algorithms prioritize evidence-based information and actively flag misleading or unverified health claims.

### ***A Shared Responsibility***

While influencers often fill a communication gap left by traditional healthcare systems, their popularity also highlights the need for professionals to adapt. Nutrition experts must embrace more accessible and engaging methods to reach wider audiences—without sacrificing scientific integrity.

Ultimately, the democratization of health information is a double-edged sword. It empowers individuals but also exposes them to misinformation with serious consequences. Ensuring that nutrition advice is accurate, safe, and accessible requires a combined effort from individuals, professionals, platforms, and policymakers.

As the digital landscape continues to evolve, it is crucial that health communication keeps pace—with the right voices leading the way.

# अधिक वज़न वाले मरीजों को एनेस्थीसिया देने की चुनौतियां:

## Understanding the Challenges of Giving Anaesthesia to Obese Patients

डॉ. रक्षा कुंडल, एसोसिएट प्रोफेसर, एनेस्थीसियोलॉजी और क्रिटिकल केयर विभाग, एम्स विजयपुर, जम्मू

अधिक वज़न आज एक गंभीर वैश्विक स्वास्थ्य समस्या बन चुका है, और भारत भी इससे अछूता नहीं है। बदलती जीवनशैली, Junk food का बढ़ता सेवन और शारीरिक गतिविधियों में कमी के कारण अधिक वजन वाले लोगों की संख्या तेजी से बढ़ रही है। भारत में 13.5 करोड़ से अधिक लोग अधिक वज़न से प्रभावित हैं। अधिक वज़न वाले लोगों में एनेस्थीसिया देना और सर्जरी करना दोनों ही अधिक मुश्किल होते हैं।

### एनेस्थीसिया के दौरान सांस लेने में समस्याएं (Breathing issues)

एनेस्थीसिया के दौरान सबसे बड़ी चुनौतियों में से एक है सांस लेने में परेशानी। अधिक वज़न वाले (obese) व्यक्तियों की फेफड़ों की कार्यक्षमता (capacity) अक्सर कम होती है। उन्हें सांस लेने में अधिक मेहनत करनी पड़ती है, और जब ऑपरेशन टेबल पर सीधा (लेटकर) लिटाया जाता है, तो उनकी सांस लेने की क्षमता और भी घट जाती है।

कुछ लोगों को ऑब्स्ट्रक्टिव स्लीप एपनिया (Obstructive Sleep Apnoea – OSA) नामक problem होती है, जिसमें नींद के दौरान बार-बार सांस रुक जाती है। यह problem एनेस्थीसिया के दौरान और बाद में खतरनाक साबित हो सकती है, क्योंकि बेहोशी की दवाएं (sedatives) सांस की समस्या को और बढ़ा सकती हैं और शरीर में ऑक्सीजन की कमी का खतरा बढ़ा देती हैं।



**Tip:** यदि आप **Obese** हैं और जोर से खरटि लेते हैं या दिन में बहुत नींद महसूस करते हैं, तो अपने डॉक्टर को सूचित और सर्जरी से पहले इसकी जांच करवाएं।

### सर्जरी का लंबा समय (Long surgical time)

अधिक वज़न वाले मरीजों की सर्जरी सामान्यतः अधिक समय लेती है, क्योंकि तकनीकी रूप से यह अधिक कठिन होती है - डॉक्टरों को अधिक ऊतकों (Tissue) को काटना पड़ता है और ऑपरेशन क्षेत्र का clear view कम होता है। इससे संक्रमण, घाव का सही तरीके से न भरना और अधिक रक्तस्राव (ब्लीडिंग) जैसी problems का खतरा बढ़ जाता है।

**Tip:** यदि ज्यादा वक्त लग रहा हो तो घबराएं नहीं, सर्जरी में समय लगना सामान्य हो सकता है।



### कठिन वायुमार्ग या सांस का रास्ता ( Difficult Airway)

अधिक वज़न वाले मरीजों में एनेस्थीसिया के दौरान एंडोट्रैकियल ट्यूब (Endotracheal Tube) (श्वासनली नली ) डालने में डॉक्टरों को अक्सर मुश्किल होती है। गर्दन पर जमी चर्बी, बड़ी जीभ या छोटी गर्दन के कारण श्वासनली की सही स्थिति देखना कठिन हो जाता है। इससे सांस लेने का रास्ता खुला रखना और पर्याप्त ऑक्सीजन देना मुश्किल हो सकता है।

**Tip:** हमेशा अपनी एनेस्थीसिया से पहले की जांच में शामिल हों और अपनी पूरी स्वास्थ्य जानकारी डॉक्टर को दें, जैसे पहले की सर्जरी या सांस से जुड़ी कोई समस्या।

### दवाइयों की अलग-अलग खुराक (Different dose of Anaesthesia Drugs)

एनेस्थीसिया की दवाएं अधिक वज़न वाले व्यक्तियों में अलग तरीके से काम करती हैं। चूंकि इनमें से कई दवाएं Fat soluble होती हैं, ये Fat में जमा हो जाती हैं और शरीर से बाहर जाने में अधिक समय ले सकती हैं। इसका मतलब यह है कि मरीज सर्जरी के बाद अधिक समय तक नींद में या सोया हुआ महसूस कर सकता है।

**Tip:** अपनी रिकवरी के समय की तुलना दूसरों से न करें—यह शरीर के वजन और दवा की प्रतिक्रिया के आधार पर अलग हो सकता है।



### हृदय और ब्लड प्रेशर की समस्याएं (Heart and high blood pressure issues)

अधिक वज़न हृदय पर अतिरिक्त दबाव डालता है। अधिक वज़न वाले मरीजों में उच्च रक्तचाप (ब्लड प्रेशर), डायबिटीज़, और कोलेस्ट्रॉल की समस्याएं सामान्य होती हैं। Surgery के दौरान, हृदय की धड़कन और ब्लड प्रेशर को स्थिर बनाए रखना अधिक कठिन हो जाता है। रक्त के थक्के (clots) बनने का खतरा होता है

**Tip:** सर्जरी से पहले की जांच जैसे ECG, शुगर चेक और ब्लड प्रेशर की निगरानी बहुत महत्वपूर्ण होती है। सर्जरी से पहले और बाद में दवाइयों के सेवन के बारे में अपने डॉक्टर के निर्देशों का पालन करें।

Patients ईमानदारी से अपनी मेडिकल history, दवाएं, नींद व एनेस्थीसिया संबंधी समस्याएं डॉक्टर से साझा करें—ये सब सुरक्षित एनेस्थीसिया और सर्जरी के लिए बहुत जरूरी है।

## Ayurveda and Yoga: A Natural Approach to the Growing Epidemic of Obesity

*Dr. Ramavtar Sharma, Associate Professor, All India Institute of Ayurveda, New Delhi and  
Dr. Roshni Rajan, Domain Expert & Dr. Rahul Singh, SRF, Ayush Vertical, DGHS.*

Obesity has become a growing health concern across the world, affecting people of all ages and backgrounds. Obesity is not just about appearance, it is a serious health issue. It increases the risk of diabetes, high blood pressure, heart disease, stroke, joint pain, liver problems, and even depression. It also affects everyday life by reducing energy, causing fatigue, and lowering self-confidence.

### **Ayurveda's View: Understanding "Sthoulya"**

In Ayurveda, obesity is known as Sthoulya, a condition mainly caused by an imbalance of Kapha dosha and weak digestive fire (Agni). Overeating heavy, oily, and sweet foods, along with a lack of physical activity and stress, leads to the build-up of Medo dhatu (fat tissue).



Ayurveda suggests a natural and holistic way to manage weight:

#### **1. Ahara (Diet and Nutrition)**

- Eat easy to digest and warm food with very little oil.
- Include green gram, barley and millets like jowar and bajra in your meals.
- Drink buttermilk (Takra) and lukewarm water.
- Use spices like ginger, black pepper, and turmeric to boost digestion.
- Avoid excess sweets, dairy products and fried food.

- Avoid eating while watching screens (TV, mobile, etc.).
- Avoid alcohol.
- Practice the intake of food to a modest level keeping the digestive functions intact and follow a daily routine of healthy conducts (Dinacharya).

## **2. Vihara (Lifestyle Habits)**

- Walk daily and stay physically active.
- Avoid sleeping during the day or eating late at night.
- Follow Ritucharya (seasonal lifestyle changes) to maintain balance with nature.

## **3. Herbal Remedies**

- Ayurvedic herbs and formulations like Guggulu (*Commiphora wightii*), Guduchi (*Tinospora cordifolia*), Musta (*Cyperus rotundus*) and Triphala help support metabolism and reduce fat.

## **4. Panchakarma (Purification Therapies)**

- Panchakarma therapies like Virechana (medicated purgation) and Lekhana Basti (specific medicated enema indicated for weight loss) help in cleansing the body.
- Udwartana (dry herbal powder massage) helps break down fat and improves circulation.

## **Role of Yoga in Weight Management**

Yoga offers a safe and effective way to manage weight through physical movement, breathing, and mental relaxation.

### **1. Asanas (Yoga Poses)**

Daily practice of the following asanas can help:

- Surya Namaskar (Sun Salutation)
- Trikonasana (Triangle Pose)
- Naukasana (Boat Pose)
- Bhujangasana (Cobra Pose)
- Paschimottanasana, Sarvangasana, Halasana, Mandukasana

These helps burn calories, improve digestion, and tone muscles.



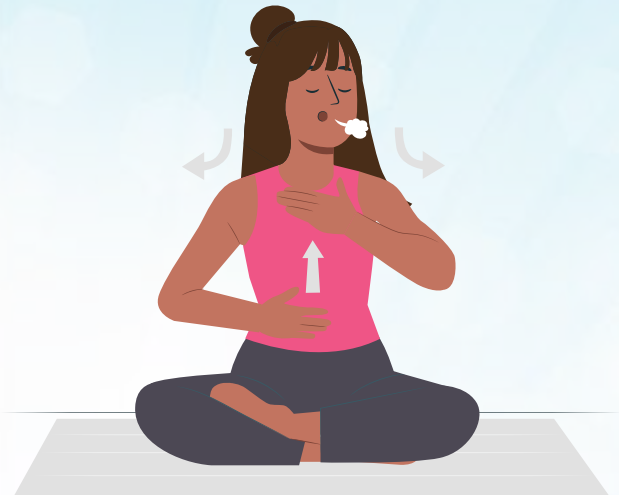


## 2. *Pranayama (Breathing Techniques)*

Breathing practices like:

- Kapalabhati
- Bhastrika
- Bhramari
- Anulom Vilom

These purify the body, calm the mind, and reduce emotional strain.



## 3. *Meditation and Mindfulness*

- Reduces stress levels and the hormone cortisol, which is linked to fat gain.
- Increases body awareness and helps control unhealthy eating habits.



## Conclusion

Obesity is a preventable and manageable condition when approached holistically. Ayurveda and Yoga, with their time-tested principles and natural therapies, offer a sustainable path to achieving and maintaining a healthy weight. Integrating simple Ayurveda dietary habits and daily Yoga practice can lead to long-term benefits not just for weight management, but overall physical and mental well-being. As India and the world grapple with rising obesity rates, it is time to embrace our ancient wisdom in the fight against this Obesity epidemic.

## EVENTS AND ACHIEVEMENTS



**01st April 2025:** Multi-Stakeholder Coordination Meeting to Strengthen Vector Control and Surveillance at Chennai International Seaport



**04th April 2025:** Joint Public Health & Sanitation Committee Meeting with Central Team from Dte. GHS during Pre-Monsoon Vector Surveillance Visit at PHO Chennai



**07th April 2025:** Capacity Building Training on IHR and Vector Surveillance, APHO Chennai & PHO Chennai



**9th April 2025:** National-level NPSIF Revision Meeting 2025, under DGHS Dr. Atul Goel



## EVENTS AND ACHIEVEMENTS



**21-25 April 2025:** Fire Safety Week organised at various Central Government Hospitals form Unite to ignite, a fire safe India.



**25th April 2025:** Release of Hospital Manual by DGHS on in Nirman Bhawan, New Delhi



## EVENTS AND ACHIEVEMENTS



**29th April 2025:** Outreach Programme 'मिले, सुने, कहे- सामुदायिक सहभागिता अभियान' on 'Understanding Alzheimer's' at Resident Welfare Association pocket-1, Mayur Vihar phase -1



**09th May 2025:** Site visit to Integrated Check Post at Jogbani (Indo-Nepal Border) for Establishment of Land Port Health Organization (LPHO) by central team from Dte. GHS



**15th May 2025:** The National Patient Safety Secretariat (NPSS), Dte. GHS and AIIMS Rishikesh Jointly organised Uttarakhand Patient Safety Conclave 2025 at AIIMS Rishikesh



**25th May 2025:** Inauguration of the Multi-Disciplinary Research Unit (MRU) at AIIMS Deoghar by Dr. Rajiv Bahl, DG-ICMR, on the occasion of its 7th Foundation Day



## EVENTS AND ACHIEVEMENTS



**26th May 2025:** Visit of Central Team headed by Dr. Sujata Chaudhary, Additional DGHS, to AIIMS Kalyani



**30 May 2025:** Outreach Programme 'मिले, सुने, कहे- सामुदायिक सहभागिता अभियान' on 'Understanding Alzheimer's at Community center, Nafajgarh Road, Nangloi village, New Delhi



**10th June 2025:** Sensitization Workshop on Training and Awareness on Assistive Technology (TAAT) Modules for the Inclusive Education (CWSN) Coordinators



## EVENTS AND ACHIEVEMENTS



First successful use of the Holmium Laser machine at Department of Surgery, Lady Hardinge Medical College & Associated Hospitals for ureteric stone removal.



World Hearing Day 2025 celebrated at Chandulal Chandrakar Memorial Govt. Medical College, Durg with poster making, skit on " Noise induced Hearing loss", and a skill lab session by faculty for 2022 batch students.



3 Days NBSU Training at State Newborn Resource Centre Department of Paediatrics, BRD Medical College, Gorakhpur



One Day Yoga Seminar organised by the Department of Physiology, in collaboration with the Yoga & Naturopathy OPD and the Lifestyle Intervention Centre (CCRYN, Ministry of Ayush, GOI), at LHMC to promote holistic health through yoga for lifestyle and mental well-being. The seminar was inaugurated by Chief Guest Dr. Sunita Mondal, Additional DGHS.



## EVENTS AND ACHIEVEMENTS



CPAP Training at State Resource Centre, Department of Paediatrics, BRD Medical College, Gorakhpur



Visit of Central Team headed by Dr. Sujata Chaudhary, Additional DGHS, to Integrated Check Post at Petrapole (Indo-Bangladesh Border) to review the functions of Land Port Health Organization (LPHO) and establishment of quarantine centre. AS

### छिन्दवाड़ा मेडिकल कॉलेज में हुआ ब्रेस्ट क्लिनिक का शुभारंभ



छिन्दवाड़ा, देशबन्धू। छिन्दवाड़ा शहरियों को बताते हुए बहुत हद से यह है कि छिन्दवाड़ा मेडिकल कॉलेज की सर्जरी विभाग ने ब्रेस्ट क्लिनिक का शुभारंभ किया है जिसमें स्तन के रोगों से इस्ति मरीज का उपचार किया जाएगा पूर्ण रूप से सन खेती की शक्ति से ही सम्पन्न होगा।

देश में बहुत बुरे खेती के कारणों को ध्यान में रखते हुए खेती से खेती कृषि का फल है। जिला अस्पताल के कमरा नं. 15 में इस क्लिनिक का शुभारंभ किया गया है। इस कार्यक्रम में मेडिकल कॉलेज के डीन अश्वयुक्ता, मेडिकल सुपरिटेण्डेंट डॉ. विवेक कुमार जैन, विजय

अस्पताल के मिजिल सर्जन डॉक्टर नरेश खन्ना, आर.एस.ओ. डॉक्टर हर्षवर्धन कुशने, सर्जरी विभाग के विभागाध्यक्ष डॉ. मोहन सिंह, डॉ. हेमंत अहिरवार एवं अन्य चिकित्सक उपस्थित थे।

उल्लेखनीय है कि वर्तमान डॉन के आगमन के पश्चात मेडिकल कॉलेज में विभिन्न प्रकार के कार्यक्रम किए जा रहे हैं। डॉ. जेष्ठा जैन ने बताया कि इसके पूर्व डॉन की उपस्थिति में अनेक एडिक्टिविटी हो चुकी है और आज मेडिकल कॉलेज परिसर में ही ब्रेस्ट क्लिनिक का शुभारंभ किया गया जो एक पहली अवसरगत घटना को ज्ञात रही थी।

### विश्व स्वास्थ्य दिवस: मेडिकल कॉलेज में विजय स्पर्धा



छिन्दवाड़ा। विश्व स्वास्थ्य दिवस के अवसर पर मेडिकल कॉलेज में शैक्षणिक विजय प्रतियोगिता आयोजित की गई थी। इस वर्ष प्रतियोगिता की थीम स्वस्थ शुरुआत, आरंभिक भविष्य रखी गई थी। इस अवसर पर डॉ. अभय सिन्हा समेत सभी विभागों के चिकित्सक व शिक्षार्थी मौजूद थे। विजय प्रतियोगिता का संचालन डॉ. रितेश ठाकुर ने किया और डॉ. दिलीप दंडोईया ने विजय मास्टर की भूमिका निभाई। विजय में 2020 बैच के इंटरन सुखोधर्मा, निनमिश सिंह, सौरव सेनी, तनमय जैन, सुप्रसन्न जैन, श्रेयांश जैन, यश चौरसिया, अनादी मिश्रा, संजय गुप्ता, विजय जैसवाल एवं अन्य विद्यार्थी शामिल थे। विजय प्रतियोगिता में आशीष जैन (2021 बैच), सनन कोरल (2021 बैच), कल्पना सेठ (2021 बैच) विजय टीम में शामिल हैं।



# Medical Humour

देख तेरे संसार की हालत क्या हो गई भगवान!

आदमी फल छोड़कर,  
कचोरी समोसे खाता है,  
फिर बीमार हो कर,  
अस्पताल जाता है।  
अस्पताल के बिस्तर पर, रिश्तेदारों के द्वारा  
लाए गए सेब और संतरे खाता है  
और रिश्तेदार खुद उस के पास  
बैठ कर कचोरी समोसे खाते हैं।  
बस यही जीवन चक्र है,  
बाकी सब तो मोह माया है।



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