



COMPREHENSIVE CLINICAL AND HOMOEOPATHIC ANALYSIS OF CHILDHOOD OBESITY

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ABSTRACT

Obesity and overweight in school age children have grown to be major global public health concerns, frequently resulting in psychological and physical problems. Obesity is turning into a worldwide epidemic in the twenty first century. In addition to posing a significant danger for the development of non communicable diseases like hypertension, cardiovascular disease and diabetes, etc. it also impedes the economic growth of both developed and developing countries. In order to manage childhood obesity, alternative therapies such as homeopathy are gaining popularity, while orthodox treatments concentrate on nutrition and exercise. In addition to its many advantages over other treatments, homeopathy is the most often used because it is considered safe and offers long term relief. Considering this fact present article is emphasizes comprehensive clinical and homoeopathic analysis of childhood obesity.

KEYWORDS: Homeopathy, Childhood Obesity, BMI, Diabetes, Repertory.

INTRODUCTION

According to the World Health Organization (WHO) the most important public health issues of the twenty first century is childhood obesity. It causes cardiovascular, metabolic and psychological problems. “Body Mass Index” (BMI) percentiles for children older than two and weight/length percentiles for newborns are used to characterize obesity. BMI is frequently compared to age specific percentiles in assessments. Because it can result in lifestyle disorders therefore childhood obesity is more than just a cosmetic problem. Both the child's physical and mental health gets impacted by social isolation, low self esteem and depression. This issue is getting worse in India due to sedentary lifestyles, dietary habits and fast urbanization.^[1-3]

Due to the widespread availability of high calorie fast food and the decline in physical activity, obesity rates are rising quickly, particularly in urban areas. Childhood obesity is caused by a number of reasons. The main causes include consumption of processed snacks, sweetened meals and sugary drinks. The risk of obesity is increased by a genetic predisposition or a family history of obesity. Stress, sleeplessness and anxiety are psychological risk factors associated with obesity.^[2-4]

Prevalence

Over the past forty years, the frequency of childhood obesity has doubled for children aged two to four and grown eightfold for those aged five to nineteen. In terms of the global burden of childhood obesity, India is presently ranked third. It was observed that male children

were more likely than female children to become obese.^[2,3]

Etiology of Childhood Obesity

Genetic and ecological elements are major factors that may cause childhood obesity. The interaction of the hormones ghrelin and leptin, as well as other cytokines and hormones, affects satiety control, which is an essential component in controlling hunger and weight. While elevated leptin levels reduce appetite and promote energy expenditure during feeding and weight gain, low leptin levels during fasting increase appetite and decrease energy expenditure.^[3-5]

✓ Environmental Factors

Numerous factors such as breastfeeding status, environmental chemicals, antibiotic use, adverse life experiences, stress and depression, etc. all have great impact on childhood obesity. Obesity is associated with increased calorie intake from items like fast food and beverages with added sugar. Obesity is also influenced by the environment, which includes less exercise and more time spent on sedentary activities.

✓ Pathological Factors

Various pathological factors triggers progression of childhood obesity as mentioned in **Table 1**. These pathological factors includes endocrine elements, medication induced causes, genetic syndromes and monogenic disorders.

Table 1: Pathological factors responsible for childhood obesity.

Category	Examples
Endocrine Causes	Hypothyroidism; Pseudohypoparathyroidism; Cushing Syndrome
Medication-Induced Causes	Estrogen Therapy; Corticosteroids
Genetic Syndromes	Laurence–Moon–Bardet–Biedl Syndrome; Carpenter Syndrome
Monogenic Disorders	Melanocortin-4 Receptor (MC4R) Mutations; Leptin Resistance

Clinical Analysis and Diagnosis

A child's Body Mass Index (BMI) is calculated by dividing their weight in kilograms by their height in

meters (kg/m^2) in a clinical evaluation of pediatric obesity. The best way to understand children's BMI, in contrast to adults, is to use age and sex percentiles. Overweight children fall between the 85th and 94th percentiles, whereas obese children are 25 or more points above the 95th percentile for their age and sex. Plotting these percentiles on growth charts allows to asses a child's measurements for health status.^[4-6]

The diagnosis and fat distribution can be verified by measuring waist circumference and skin fold thickness. Children who are obese experience early puberty, drowsiness, difficulty in breathing and fast weight gain tendency. Childhood obesity significantly raises the risk of insulin resistance and impaired glucose metabolism at an early age, which are characteristics of diabetes. Teenage girls who are overweight may experience PCOS, gallbladder problems, and fatty liver disease. Overweight children are frequently the targets of bullying and discrimination, which can be detrimental to their mental health. Academic performance can also be impacted by emotional strain. Childhood obesity that is left untreated can result in health problems and worsen quality of life. It's critical to recognize the symptoms and make an early diagnosis in order to take prompt action and reduce future consequences.^[5-7]

HOMOEOPATHIC PERSPECTIVES

According to homoeopathy, obesity is not only extra fat but rather a symptom of a hormone, metabolic, or emotional problem. According to homoeopathy, all ailments, including obesity, are caused by disruptions to the vital force that maintains health. Obesity is treated by homoeopathy; it focus on each child's weight individually instead of genetic elements.

When evaluating a case, physician should keep in mind that dietary and lifestyle decisions might be influenced by emotional variables. This individualized assessment enables more efficient and compassionate care for sensitive, growing babies. Constitutional remedies are essential for controlling obesity in homoeopathy. There are various factors (**Figure 1**) which need to be considered while selecting remedy for childhood obesity.^[7, 8]

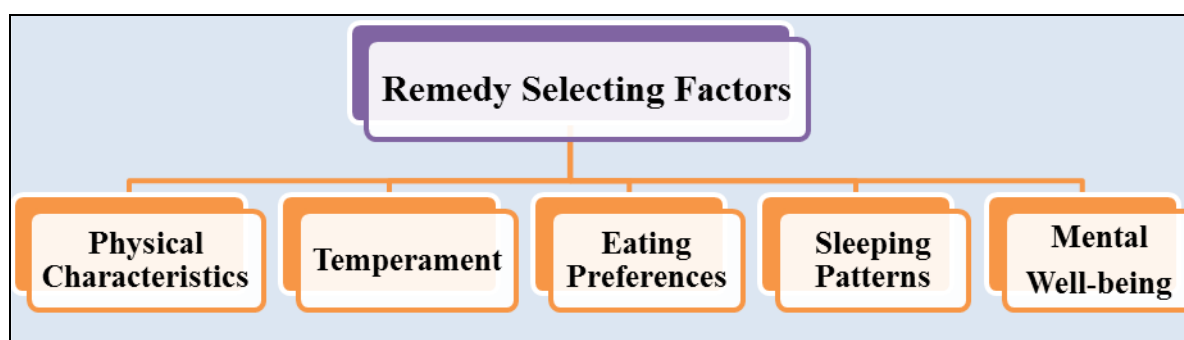


Figure 1: Factors helps for selecting homeopathic remedies for childhood obesity.

The primary objectives of homeopathic treatment include personalized dietary recommendations, healthy lifestyle modifications, emotional support and uses of personalized medications. Homoeopathy is excellent for developing youngsters because of its progressive approach and lack of need for suppressive medications. Early and consistent use of homoeopathy can assist to manage childhood obesity. Because of its customized approach homoeopathy offers a great deal of potential for treating overweight and obesity conditions. In order to provide effective treatment, the homeopathic philosopher stressed the significance of patient's whole history, their bodily constitution, moral and intellectual character and lifestyle habits, etc.^[6-8]

Homoeopathic Remedies for Childhood Obesity

A number of homeopathic medicines, each with distinct physical and behavioral characteristics, are commonly used to manage weight and constitutional predisposition toward obesity.

- ✓ Weight increase, a thick white tongue, digestive problems, extreme irritation, a picky appetite, and an aversion to cold bathing or being touched are all symptoms requiring administration of *antimonium crudum*.
- ✓ *Calcarea Carbonica* works well for overweight people, especially kids, who have delayed physical or mental development and sweat a lot on their heads when they sleep.
- ✓ *Capsicum annuum* is intended for lethargic, cold-sensitive people who are prone to clumsiness and homesickness, lack outdoors or physical exercise.
- ✓ *Ferrum Metallicum* is appropriate for anemic yet energetic people with flabby muscles, ravenous appetites, and faces that flush with slight effort or emotion.
- ✓ *Phytolacca Berries* clinically known for weight management.
- ✓ *Fucus Vesiculosus* tackles obesity associated with non-toxic goiter, flatulence and constipation while stimulating digestion for metabolic and glandular support.
- ✓ *Kalium bichromicum* is considered perfect for plump, fair skinned kids who have stringy catarrhal discharges and alternate rheumatic and stomach symptoms that get worse in the morning.
- ✓ *Sulphur* is a constitutional cure for youngsters who crave sweets, dislike bathing, have terrible skin, or behave abruptly.
- ✓ *Senega* is used for plethoric or chubby people who have quick breathing and outdoor faintness.
- ✓ *Nux Vomica* works well for active, fiery, and agitated kids who gain weight from sedentary

behaviors like protracted study sessions and respond negatively to the cold.

- ✓ *Esculentine*, *Thyroidinum*, *Kali Carbonicum*, *Lac Defloratum*, *Graphites*, *Pulsatilla* and *Calotropis Gigantea* are other noteworthy treatments for comparable constitutional patterns.

REPERTORIAL APPROACH

Obesity related repertory rubrics are included in a number of traditional homeopathic repertories, each of which focuses on distinct clinical features of the illness as follows.^[8-12]

Kent Repertory

The Kent Repertory depicts obesity in a number of sections, including Mind (sadness associated with obesity), External Throat (thyroid enlargement associated with obesity), Stomach (indigestion and decreased appetite), Abdomen (obesity), Female Genitalia (painful menstruation associated with obesity) and Extremities (thick thighs and buttocks). Rubrics such "fat or stout people," "increasing body weight," "easy tendency to gain weight," "obesity associated with goitre," "indigestion," "asthma," "difficult breathing," "wheezing," "weakness," "weak heart," and "depression" are also included in the "Generals" section.

Phatak Repertory

Rubrics including corpulence, obesity, obesity with limb atrophy, and obesity with excessive body fat and relatively slender legs are included in the Phatak Repertory.

Murphy Repertory

Obesity in children, young people, and the elderly, obesity with excess body fat and narrow legs, obesity linked to dyspepsia, decreased vigor, and diabetes mellitus are all covered within the constitution portion of the Murphy Repertory.

Boericke Repertory

In addition to particularly mentioning obesity in children, the Boericke Repertory classifies obesity as adiposis or corpulence within the generals section.

When taken as a whole, these repertories offer a wide variety of rubrics that helps in customizing the homeopathic treatment of obesity according to constitutional traits and related clinical symptoms. Similarly **Table 2** mentioned clinical repertory by John Henry Clark related to obesity.

Table 2: Clinical Repertory by John Henry Clark.

Rubric	Remedies
Obesity	Asa., Calc. ars., Caps., Graph., Lac vacc. defl., Lithi. carb., Lapis albus, Sabal, Thyroidinum, Thyrinum
Generalities – Obesity – Children	Alum., Ant-c., Bac., Bad., Bar-c., Bell., Calc., Caps., Cina, Ferr., Graph., Ipec., Kali-bi., Lac-d., Lap-a., Sacch-a., Seneg., Sulph.

Generalities – Obesity – Children – Fat anaemic babies with craving for iodine	Lap-a.
Generalities – Obesity – Young people	Ant-c., Calc., Calc-act., Lac-d., Lach.

CONCLUSION

According to “World Health Organization” the childhood obesity has become a global public health concern in current scenario. The poor eating habits, sedentary lifestyles, genetic predispositions, and environmental factors mainly trigger the pathogenesis of childhood obesity. Avoidance of long term metabolic, cardiovascular, and psychological problems, early detection through suitable clinical evaluation and prompt intervention is crucial. Homoeopathy offers a customized and comprehensive solution by focusing on child's constitutional composition, emotional state, lifestyle, and related symptoms rather than concentrating only on excess body weight. Choosing the best medication for each situation is aided by the application of constitutional remedies, which are backed by repertorial analysis from ancient repertories. When combined with a healthy lifestyle, frequent exercise and balanced diet, homoeopathic treatment provides comprehensive care and support in the management of childhood obesity.

REFERENCES

1. Marcdante, K., Kliegman, R. M., & Schuh, A. M. (Eds.). (2022). Nelson essentials of pediatrics (9th ed.). Elsevier – Health Sciences Division.
2. Di Cesare M, Sorić M, Bovet P, et al. The epidemiological burden of obesity in childhood: a worldwide epidemic requiring urgent action. BMC Med, 2019; 25: 212.
3. Gupta Piyush, Menon PSN, Ramji Siddarth and Lodha Rakesh, PG Textbook of Pediatrics, Volume 1, 1st edition, New Delhi: Jaypee Brothers, Medical Publishers (p) Ltd, 2015.
4. Dietz, W. H., & Baur, L. A. (2022). The prevention of childhood obesity. Clinical obesity in adults and children, 323-338.
5. Verduci, E., Di Profio, E., Fiore, G., & Zuccotti, G. (2022). Integrated approaches to combatting childhood obesity. Annals of Nutrition and Metabolism, 78(Suppl. 2): 8-19.
6. Morales Camacho, W. J., Molina Díaz, J. M., Plata Ortiz, S., Plata Ortiz, J. E., Morales Camacho, M. A., & Calderón, B. P. (2019). Childhood obesity: Aetiology, comorbidities, and treatment, diabetes/metabolism research and reviews, 35(8): e3203.
7. Hahnemann C.F.S., Organon of medicine, translated from 5^a edition with an appendix by Dudgeon R.E., with addition and alteration as per 6th edition Boerick W and introduced by James Krauss; B. Jain Publisher(P) Ltd., New Delhi, 2014; 54.
8. Kent JT. Repertory of the Homoeopathic Materia Medica and a Word Index. Reprint ed. New Delhi: B. Jain Publishers (P) Ltd, 2001.
9. Boericke, W. (2023). New manual of homoeopathic materia medica & repertory with relationship of remedies: Including Indian drugs, nosodes uncommon, rare remedies, mother tinctures, relationship, sides of the body, drug affinities & list of abbreviation: 3rd edition. B. Jain.
10. Phatak, S. R. (2022). Concise repertory of homeopathic medicines. B Jain.
11. Murphy Robin. N. D. Homoeopathic Medical Repertory, Reprint Edition, New Delhi: Indian Books & Periodicals Publishers, 2004.
12. Clarke, J. H. (1975). A Clinical Repertory to the Dictionary of Materia Medica: Together with Repertories of Causation, Temperaments, Clinical Relationships, Natural Relationships. B. Jain Publishers.