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Is Obesity Really a Major Cause of Several Diseases?

Priya Kumar*1, Deepika Chandra1, Rimmi Singh2

1Department of Pharmaceutical Technology, Uttar Pradesh Technical University, Noida Region, Uttar Pradesh

2Department of Pharmaceutical Sciences, Lovely Professional University, Jalandhar, Punjab

Short Commentary

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*For Correspondence

Priya Kumar, Department of Pharmaceutical Technology, Uttar Pradesh Technical University, Noida Region, Uttar Pradesh, India

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Introduction

As we can see that with the change in time people are getting very conscious towards their health but at the same time some are not due to their hectic schedule and over work load. High demanding work stations and low job control increase the working pressure of the man and increases the risk of cardiovascular disease, high blood pressure, high blood sugar, and high cortisol levels [1]. Working from home is also major cause of the obesity and overweight. Some studies determine the frequency of overweight and obese children and the related factors associated with them. Knapp C et al., have concluded that a model named PCMH that could be used to improve health and health outcomes for the most vulnerable children. However, obesity should be taken as a chronic condition just as other conditions and addressed on a routine bases. The PCMH model offers a vehicle to develop and implement population-based processes to identify, assess, and manage care for these children [2]. Obesity is now also estimated on the basis of International Obesity Task Force (IOTF) and the World Health Organization (WHO)[3]. Most of the times we read that obesity occurs after being marriage in women but it is a myth. As the time changes and food changes lifestyle also changes in the human's life and make him/her obese. Physical work and sedentary lifestyle may reduce the risk of obesity and related disorders of it. A small research found that, rural Saudi adolescents, low physical activity and prolonged screen time are the common predictors for overweight or obesity or both of them. All this occurs because people tend to snack on high-calorie food while watching television, foods which are highly advertised on TV [4]. Parents have now also become very conscious regarding their children health and attempt to address the issue which did not appear to translate into healthier behaviours at home. These parents may even be using unusual behaviour that are likely to produce an adverse effect on future weight (restriction) rather than an advantageous one by restricting them on various things. These findings indicate the need for research examining parental understanding about how to address overweight in the young children, and perhaps improved public health messages which target a multipronged approach to obesity prevention for families [5]. Active lifestyle may reduce the risk of obesity and prevents from various diseases which occur due to obesity only [6]. The prevalence of childhood obesity has significantly increased over the years and there is a crucial need to implement cost-effective measures to reduce the development of metabolic complications. In fact, development of a comprehensive evidence-based strategy well supported with the health education campaign will definitely reduce the magnitude of the childhood obesity in the future years to come [7-12]. The prevalence of obesity and metabolic syndrome in urban Burkina Faso is high. There is a need to pay closer attention to combating these health disorders. An important place must be reserved for the prevention and the fight against obesity by appropriate lifestyle [13]. The problem of obesity continues to grow with epidemic proportions in the Western countries. It is a very complex metabolic disorder characterized by positive disequilibrium occurs in between energy intake and energy expend. The

consequent expansion of the adipose organ, and in particular of visceral fat depots, increases the risk of developing obesity complications like insulin resistance, type 2 diabetes, atherosclerosis, steatohepatitis, and cardio- and cerebro-vascular diseases [14].

Now-a-days obesity have become a prevalent healthy problem and considered as chronic disorder with the time as it is a main cause of every disease. Obese child in his early ages will be in the risk zone of cardio diseases where fat gets deposit in the veins and may also leads to the hazardous condition of the child. According to Carney D et al., research work weight loss program that used meal replacements to reduce calorie intake combined with weekly behaviour change classes, weight loss was 16.2 kg and 14.4% for the 61% of all enrollees who completed 16 months of treatment. It has been noticed in most of the cases that obese girl in the later age get knee pain because of being obese since childhood time [15-20].

To release the fat from the body most of the people go for strict dieting by smoking and taking drugs and by not taking the proper food most of the time which causes malnutrition in their body and due to which it will becomes weakens and all the energy molecules will lose their ability to work. This condition makes the person weaker and does not allow him to work and makes him inefficient too to do any other work. If nutrition will not be provided to the body then the person may become ill and because of not taking the proper food will again surrounded with several other nutrition related disorders [20-25].

All this concluded that on doing physical exercise on regular basis it will not affect the system directly or indirectly and makes the body fit too.

REFERENCES

1. Faghri P and Mignano C. Overweight and Obesity in High Stress Workplaces. *J Nutr Disorders Ther.* 2013; 3:e110.
2. Knapp C et al. Factors Associated with a Patient Centered Medical Home among Obese and Overweight Children. *J Community Med Health Educ.* 2015; 5:331.
3. Alqahtani N and Scott J Childhood Obesity Estimates Based on WHO and IOTF Reference Values. *J Obes Weight Loss Ther.* 2015; 5: 249.
4. Alqahtani N et al. Physical Activity and Sedentary Behaviors as Risk Factors of Obesity among Rural Adolescents. *J Child Adolesc Behav.* 2015; 3:185.
5. Taylor RW et al. Wanting to and Doing So: Parental Intent to Change Weight Does Not Translate Into Behavior. *J Child Adolesc Behav.* 2015; 3:183.
6. Bunc V. Active Lifestyle and Health State Determinants in Czech Children. *J Child Adolesc Behav.* 2015; 3:181.
7. Shrivastava SR et al. Consequences and Prevention of Childhood Obesity. *Biol Med Aligarh;* 2015; 7:229.
8. Simovska-Jarevska VP. Improving Public Health through Nutrition Education. *J Nutr Disorders Ther.* 2015; 5:e120.
9. Sujendran S et al. Prevalence of Stunting among Children Aged 6 to 36 Months, in the Eastern Province of Sri Lanka. *J Nutr Disorders Ther.* 2015; 5:154.
10. Faghri P et al. Sedentary Lifestyle, Obesity, and Aging: Implication for Prevention. *J Nutr Disorders Ther.* 2015; 5:e119.
11. Maduagu ATL et al. Prevalence of Coronary Heart Diseases Risk Factors in Adults Population Living in Nigeria's Largest Urban City. *J Nutr Disorders Ther.* 2015; 5:153.
12. Bunc V. Active Lifestyle and Health State Determinants in Czech Children. *J Child Adolesc Behav.* 2015; 3:181.
13. Sagna Yet al. Obesity and Metabolic Syndrome in a Burkina Faso Urban Area: Prevalence, Associated Factors and Comorbidities. *J Nutr Disorders Ther.* 2014; 4:141.
14. Bernante P. The Impact of Obesity and Weight Loss on Patients with Systemic Lupus Erythematosus: Is There a Role for Bariatric Surgery?. *Rheumatology Sunnyvale;* 2015; 5:145.
15. Karim NA. Dieting Makes People Fat. *J Obes Weight Loss Ther.* 2015; 5:242.
16. Stapleton P. Beliefs about Causes of Obesity: A Comparison of Australian Doctors, Psychologists and Community Members. *J Obes Weight Loss Ther.* 2015; 5:246.
17. Nikkhah A. Avoid Large Night Meals to Stay Fit. *J Obes Weight Loss Ther.* 2014; 4:e115.
18. Carney D et al. Successful Medical Weight Loss in a Community Setting. *J Obes Weight Loss Ther.* 2015; 5: 248.

19. Zeidi IM andHajiagha AP. Effect of Motivational Interviewing on Eating Habits and Weight Losing among Obese and Overweight Women.J Obes Weight Loss Ther.2013; 3:172.
20. Wickham C and Carbone ET. Can Technology Improve Health Literacy? J Nutr Disorders Ther.2013; 3:e114.
21. Stapleton P. Beliefs about Causes of Obesity: A Comparison of Australian Doctors, Psychologists and Community Members. J Obes Weight Loss Ther.2015; 5:246.
22. Blundell JE and MacDiarmid JI. Fat as a risk factor for over consumption: satiation, satiety, and patterns of eating. J Am Diet Assoc.1997; 97: S63-69.
23. Huffman FG et al. Obesity Indicators and C - reactive Protein in African and Haitian Americans with and without Type 2 Diabetes. J Nutr Disorders Ther.2014; 4:145.
24. Benatar JR. There is no Relationship with Plasma Fatty Acid Levels in New Zealanders with Severe Coronary Artery and Mortality. J Nutr Disorders Ther.2014; 4:146.
25. DurÃ¡-TravÃ© T et al. Dietary Habits in School Children 9-12 Years Old; with Normal Nutritional Status an a Mediterranean Area. J Nutr Disorders Ther.2014; 4:133.