World Obesity Day March 4

Obesity is a Disease

India's Battle Against the Growing Weight of a Silent Epidemic

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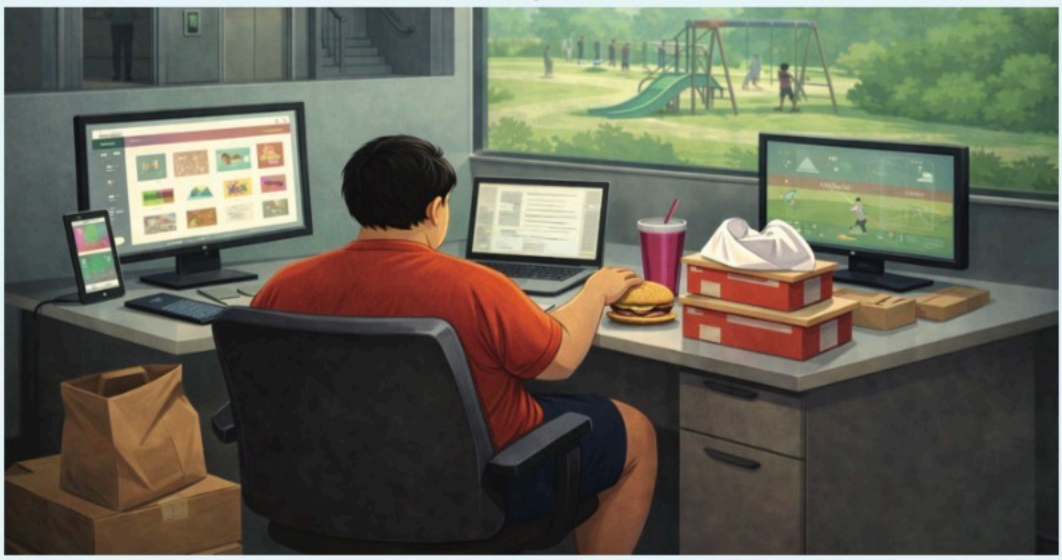
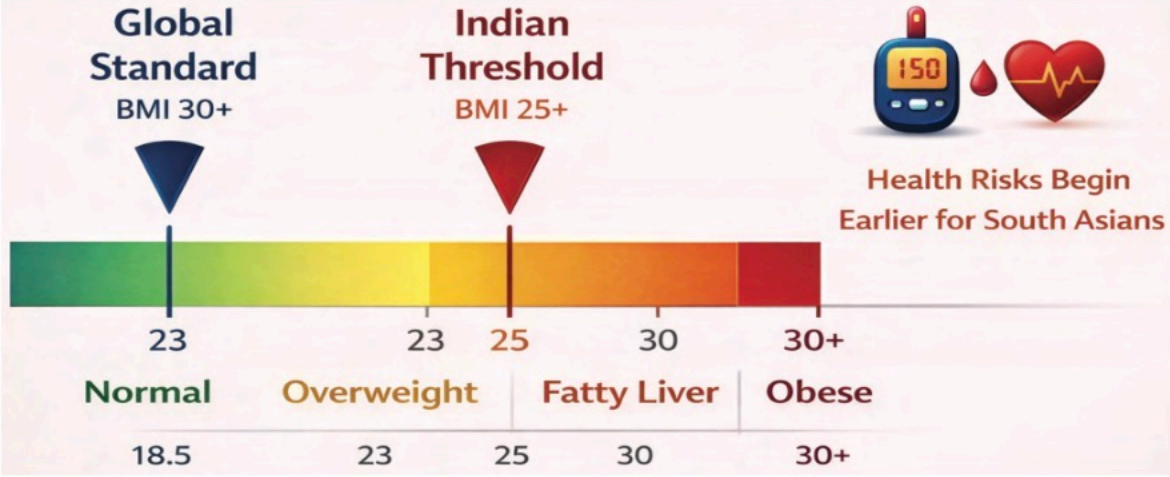


IN a country where undernutrition once painted the face of its public health crisis, is now facing another silent and heavier epidemic, i.e., Obesity. India has long been concerned about feeding its vast population, which now faces a paradox of plenty. Where one child sleeps with an empty stomach, another battles the problem of high cholesterol and fatty liver. According to a study, "Global, regional, and national prevalence of child and adolescent overweight and obesity, 1990–2021, with forecasts to 2050: a forecasting study for the Global Burden of Disease Study 2021", published in *The Lancet* in March 2025, the global prevalence of obesity in children and adolescents has increased dramatically, by over 244% from 1990 to 2021. The study further says that obesity is forecasted to show an additional increase of 120.7% between 2021 and 2050. It is expected that if this trend continues, we could see about a third of the world's children and adolescents being classified as overweight or obese by the year 2050. As per the study, in 2021, among eight countries, India accounted for the second-highest number of overweight and obese individuals, with 180 million affected. The study further forecasted that the number of affected could soar to 450 million by 2050. And, Yes! This is an alarming situation.

The story of obesity in India is unique. This is so because it is shaped not only by excess calories. But by urban lifestyles, genetic susceptibility, and a deep cultural shift in food habits.

Our rice-heavy diets, refined carbohydrates, and deep-fried snacks all collide with screen-based lifestyles and shrinking playgrounds. The conventional image of malnutrition being thin has given way to what doctors now call the "double burden of malnutrition". There, undernutrition and obesity both exist side by side in the same society, sometimes even in the same household.

Obesity is no longer just about appearance or willpower or just the result of indulgence or inactivity. It is now a



chronic, progressive, and often relapsing disease that changes the body's metabolism, damages organs, and disturbs the quality of life.

In 2013, the American Medical Association (AMA) officially recognised obesity as a "disease". Similarly, according to the World Health Organization (WHO), the biological, environmental, and psychological factors drive the condition. However, India is yet to embrace this classification fully. Neither policy nor public perception has shifted accordingly. Even today, obesity is often neglected socially as "overeating" or "laziness" rather than being treated as a medical condition that needs to be addressed with structured medical involvement.

The Indian medical community has been repeatedly warning that without acknowledging obesity as a disease, our country may risk a surge in diabetes, cardiovascular and liver problems at an unprecedented scale. With India already known as the "diabetes capital of the world," the cost of inaction could really be devastating.

What Makes Obesity a Disease?

Obesity is different from a temporary illness because it persists even when an individual "tries" to change. This persistence is because obesity rewires the body's biology, by changing key hormones like Leptin, Insulin, Ghrelin, Cortisol, Adiponectin, Sex hormones, etc.

- Leptin: suppresses appetite but becomes ineffective due to leptin resistance.
- Insulin: becomes less effective in regulating blood sugar, which leads to insulin resistance and type 2 diabetes.
- Ghrelin: stimulates hunger and often increases after weight loss, which promote weight regain.
- Cortisol: elevated in chronic stress, and promotes abdominal fat storage and insulin resistance.
- Adiponectin: decreases as fat increases, which reduces insulin sensitivity and increases inflammation.
- Sex hormones: estrogen and testosterone imbalances from fat tissue can further disrupt metabolism.

For Senior Consultant at Sir Ganga Ram Hospital, Dr Mohsin Wali, *"Obesity is truly the mother of all illnesses. People often don't realise that even a small excess, just 10 grams of calories every day, gradually builds into a massive health burden. In one month, that becomes 300 grams, in a year 3.6 kilos, and in 10 years nearly 36 kilos. This is why so many Indians see a sharp rise in weight after marriage or lifestyle changes. A little carefulness every day can keep you slim and healthy."* He also mentions that obesity may also be due to an undiagnosed thyroid issue, which is most commonly neglected in females.

Indian BMI: A Lower Bar for Risk

India's traditional view of obesity remains firmly rooted in moral blame and cultural apathy. A fat child is "healthy," a round belly is "prosperity," and seeking treatment is "vanity." People often delay medical help until complications arise, like diabetes, infertility, or liver disease.

This stigma is dangerous. It prevents early detection, normalises poor health, and undermines scientific understanding. Worse, it keeps policymakers from allocating resources to obesity treatment and prevention, labelling it a "lifestyle choice" rather than a disease.

The Numbers are Growing...And They are Not Just Urban

The burden of obesity is rising across gender, geography, and age10

According to the National Family Health Survey-5 (NFHS-5, 2019-21):

- Women who are overweight or obese rose from 20.6% (NFHS-4) to 24%.
- For men, the figure jumped from 18.9% to 22.9%.
- Even rural areas witnessed a rise of over 4% in just five years.

Childhood obesity is especially worrying.

- 1990: 4.6 million boys and 5.4 million girls were obese.
- 2021: the numbers tripled with 13 million boys and 12 million girls.

Obesity Snapshot: India in Numbers

- Urban Overweight Crisis: 70% of urban Indians are overweight (Lancet).
- Global Rank: 3rd highest obesity rate after the US & China.
- Total Affected: 8 crore Indians obese, including 1 crore children & teens (5-19 yrs).

Globally, obesity is defined as a Body Mass Index (BMI) of 30+, but Indians develop health risks much earlier. The Indian Council of Medical Research (ICMR) and Endocrine Society of India set the obesity threshold at a BMI of 25, and even a BMI of 23 can signal prediabetes or hypertension. This is because South Asians store more visceral fat despite looking "normal" by global standards.

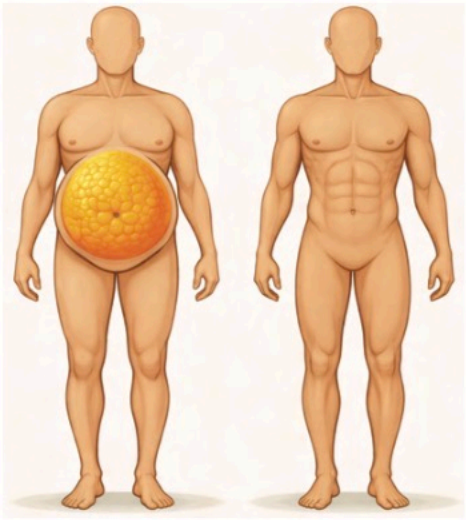
Dr Mohsin Wali explains: *"Many obese Indian patients show a 'lemon-on-matchstick' pattern — thin limbs and face, but a heavy, rounded abdomen. This central obesity is especially harmful, burdening the heart, circulation, and blood vessels, and is very difficult to reverse."*

Diet is a major driver. Unlike western populations, where protein-heavy diets often lead to weight gain, Indian diets are dominated by refined carbohydrates, which include rice, maida, fried snacks, and repeated use of oil in street foods that turn into trans fats. These excess carbs and poor fats convert into triglycerides and bad cholesterol, which worsens metabolic problems.

Yet, as Dietician Armeen Fatima from Balrampur Hospital in Lucknow cautions: *"Carbohydrates are not the enemy. Whole grains and millets protect health, while fat-free packaged foods can be misleading as they're loaded with sugar."*

Integrating Obesity Screening into Routine Health Checks

In India, routine health checks almost always include blood pressure, blood sugar, and cholesterol. Yet obesity, which is one of the strongest risk factors for diabetes, hypertension, heart disease, and certain cancers, is still overlooked as a matter of "appearance" rather than medical urgency.



The Indian Council of Medical Research (ICMR) and National Institute of Nutrition (NIN) warn that even slight excess weight above the Asian cut-offs (≥23 kg/m² for overweight, ≥25 kg/m² for obesity) increases the risk for Indians, because of higher body fat percentage and visceral fat accumulation compared to Western populations.

If we integrate obesity screening into routine check-ups, it would mean:

- Recording BMI and waist circumference at every general health visit.
- Flagging at-risk individuals long before diabetes or heart disease develops.
- Creating a baseline chart for each patient, enabling preventive counselling.

Such screening is not a "vanity measure"; rather, it is as important as measuring blood pressure before hypertension develops. Countries like the UK and the US already make obesity screening a routine. India cannot delay!

By standardising this in wellness programmes, government drives, and hospital check-ups, we can normalise weight as a medical metric, reduce stigma, and catch disease early. Building on this, Dr Wali pleads for broader policy changes: restoring physical education in schools, encouraging active commuting, routine workplace screenings, and tackling junk food culture. "*Mobility without exercise is fatal*," he warns, stressing that distress and inactivity together fuel the obesity epidemic.

The Domino Effect: Obesity Fuels Other Diseases

Think of obesity as a spark in a dry forest — it doesn't exist in isolation; it ignites other fires.

- Diabetes: 77 million Indians have Type 2 diabetes, most of them overweight.
- Hypertension: 1 in 3 urban adults now has high blood pressure.
- Polycystic Ovary Syndrome (PCOS): rising sharply in young Indian women.
- Obstructive Sleep Apnea (OSA): largely underdiagnosed in obese men.

- Fatty Liver Disease: now affects 1 in 3 urban Indians, even those who don't drink alcohol.
- Joint Problems: 68% of obese Indian adults report chronic knee or back pain.
- Infertility: obesity triples the risk for both men and women.
- Heart Disease: Indians develop cardiac issues nearly a decade earlier than Western counterparts, often linked to central obesity.
- Depression & Anxiety: obese individuals are nearly twice as likely to suffer from mood disorders.
- Cancer: obesity increases the risk of breast, endometrial, and colon cancers, all of which are rising in India.
- Childhood Obesity: over 14 million Indian children are obese — many will carry this into adulthood.

Dietician Armeen Fatima echoes the complexity: "*Obesity is rarely just about willpower. Genetics, hormones, and environment all play a part. Unless healthy habits become a daily discipline, no medical intervention can work in the long run.*" As obesity rises, so do healthcare costs and thereby productivity losses.

Obesity through the Ayurveda Lens

Calorie imbalance, hormonal shifts, and lifestyle patterns are some of the aspects of Modern medicine to explain obesity. Whereas Ayurveda takes into account a centuries-old perspective. This links excess weight of the body to deeper imbalances in the fundamental energies (doshas), the digestive fire (Agni), and the health of bodily tissues (dhatus).

In Ayurveda, obesity is described as Sthaulya or Medoroga. Well! This is a condition where excess meda dhatu (fat tissue) accumulates and disturbs the body's energy. It is considered more than a physical burden. Rather, it is a systemic imbalance that can trigger fatigue, reduced mobility, and susceptibility to chronic illnesses.

Ayurveda links obesity primarily with an aggravated Kapha dosha. This governs heaviness, stability, and lubrication in the body. When Kapha is imbalanced, it slows metabolism, increases fluid retention, and encourages fat storage. In some cases, Vata imbalance, which is especially due to irregular lifestyle or erratic eating, can also play a role, which may ultimately result in uneven fat distribution and digestive issues.

Dr SK Arya, Chief Medical Officer (Ayurveda), NDMC (Senior Administrative Grade), explains, "*Ayurveda sees obesity not as a cosmetic issue but as a disorder of nourishment. When Kapha increases and Agni weakens, the body produces excess fat tissue without providing true strength. This imbalance makes the person heavy yet weak at the same time.*"

Prevention: Dinacharya, Ritucharya, and Diet

- Dinacharya (Daily Routine): rising early, engaging yourself in regular physical activities, eating at consistent times, and finally finishing the day with light dinners.
- Ritucharya (Seasonal Routine): adjusting lifestyle and food choices according to the season. In heavy spring, lighter, warmer foods and proper exercise are recommended;

The Wali Formula: 7 Rules to Keep Obesity at Bay

Based on decades of practice and experience, Dr Mohsin Wali suggests seven simple rules:

1. *Move Every Day*
   Brisk walking, functional tasks (for example, stair climbing, sit-to-stand), and strength training are more effective than occasional gym sessions.
2. *Build Muscle After 45*
   Resistance training slows muscle loss, boosts metabolism, and complements cardio and flexibility work.
3. *Breathe Right*
   Pranayama improves oxygen supply, reduces stress, and helps control emotional eating.
4. *Eat by the Clock*
   Fixed meal timings with light, home-cooked food. A midday salad, moderate protein in the evening, and a light dal-sabzi dinner help prevent overeating.
5. *Reset Sleep*
   Sleeping early and rising early regulates appetite hormones and reduces obesity risk.
6. *Mind Over Matter*
   Meditation, writing, or music helps manage stress, which otherwise fuels overeating.
7. *Protect Your Lungs*
   Pollution weakens lungs and limits exercise; simple precautions like avoiding traffic hours or using air purifiers keep fitness sustainable.

He adds a mental health warning: "Almost 95% of obese patients suffer from depression. And during depression, they overeat, thinking they will start dieting 'tomorrow', which never comes. This forced eating driven by low mood creates a vicious cycle that worsens both physical and mental health."

Don't Fall for These Weight Myths	
Myth	**Fact**
Skipping meals helps in weight loss.	Skipping meals slows metabolism and often leads to overeating later.
Carbohydrates always cause obesity.	Whole grains and complex carbs are healthy. Weight gain comes from excess calories of any source.
Fat-free foods prevent obesity.	Many fat-free products are high in sugar. Healthy fats are essential for the body.
Obesity is only due to poor willpower.	Genetics, hormones, and environment play major roles — not just willpower.

Most people are already aware of the rules for healthy eating, so the challenge is not the knowledge, but consistency. Dietician Armeen Fatima highlights five essentials:

- Portion Control: eat in smaller servings, and stop before you are full.
- Choose Whole Grains: replace white rice and maida with millets and whole wheat.
- Cut the Junk: limit fried foods, packaged snacks, and sugary drinks.
- Balance Every Plate: add vegetables and protein to each meal.
- Stick to Routine: follow regular meal timings and avoid late-night eating.

"These are not secrets," says Dr Fatima. "They are basics. But unless they become a daily discipline, no medical intervention can work in the long run."

however, in summer, cooling and hydrating foods help prevent overeating.

- Ahara (Dietary Practices): make a habit of eating freshly cooked, easy-to-digest meals, and avoid heavy, oily, and excessively sweet foods, especially at night.

Besides, Ayurveda offers targeted therapies for managing excess weight, including herbal support, detox & metabolic boosting and digestive strengthening.

Dr Arya says that "Fad diets may give quick results, but they often disturb digestion and leave the body depleted. Ayurveda aims for harmony — reducing excess while preserving strength."

Expanding India's Clinical Toolbox: From Diet to Policy

Dietician Armeen Fatima supports saying: "*Obesity is both a disease and a preventable condition. It qualifies as a disease because of its biological basis and serious complications, yet lifestyle modifications can stop it from ever reaching that stage.*"

1. Medical Nutrition Therapy (MNT)
- Personalised diet plans designed by qualified dieticians.
- Works best when started early, before complications develop.

2. Clinical Treatments Beyond Diet
- In moderate to severe obesity, medical therapies can help regulate hunger and metabolism.
- Usually combined with lifestyle changes at specialised clinics.

3 Surgical Interventions (Bariatric Surgery)
- For severe obesity with high health risks, bariatric surgery is an option.
- India performs ~15,000 procedures annually, which significantly improve diabetes, sleep apnea, and weight-related complications.
- Challenges remain: high costs, limited insurance cover, and lifelong follow-up.

4. Making Care Accessible to All
- Obesity is no longer a "rich man's problem." It affects rural and urban India alike, but access to professional care is limited. Therefore, there is a need to close this gap.

Bigger Impact

Including obesity in public health policy would:
- Reach millions in Tier-2 and Tier-3 cities where obesity is rising fastest.
- Prevent costly complications like diabetes, hypertension, and heart disease.
- Reduce families' out-of-pocket expenses and normalise early intervention.

"*Policy change is urgently needed. Our schools are losing lawns and PT periods, and children have replaced Kabaddi and Kho-Kho with online games. Fitness must begin early, because once obesity sets in, it's hard to reverse. Inactivity, junk food, and late-night 'cloud kitchen' meals are fueling the crisis. The solution is simple: encourage daily exercise, walking, use of stairs, and above all, reduce stress, the hidden enemy behind obesity.*" Dr Wali stresses.

One Disease, Many Cures

India now stands at a crossroads, where it can either continue to dismiss obesity as a lifestyle issue or it can recognise it as a medical condition which needs to be addressed with clinical attention, policy action, and cultural change. Taking it from modern medicine to Ayurveda, from schools to corporate offices, the message is clear that "prevention and discipline are a must and should become part of daily life".

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